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THE NEWSWEEKLY FOR PHARMACY

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 NOVARTIS

CPD mandatory in N Ireland by October 2004

NPA argues against open display of Pharmacy medicines

Script levy affects access to treatment for 750,000 patients

Gebe invests £25m to build health centres

'Staff theft a worry for pharmacies'



Update: *straight to the heart of the matter*

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years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) re tract reactivity comprising of asthma, aggravated bronchospasm or dyspnoea, or c) assorted skin c including rashes of various types, pruritis, urticaria, angiodema and less commonly, bullous dermatoses (epidermal necrolysis and erythema multiforme), intestinal: abdominal pain, dyspepsia. **Product Number:** PL 10972/0082. **Licence Holder:** Goldshield Pharmac Group PLC (trading style: Goldshield Pharmac NLA Tower, 12-16 Addiscombe Road, Croydon C Legal Category: P. Price: MRP £5.25. Date of prep June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



CROOKES
HEALTHCARE

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 256 No 6298 141st YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

With a professor from a school of pharmacy heading the Pharmaceutical Society in Northern Ireland, it comes as no surprise that it has beaten the RPSGB to be the first to declare CPD will be mandatory for its members (see p4). Anyone who read the recent interview in *C&D* (June 16) with Professor McElroy would have been left in no doubt about the PSNI's agenda. Setting a deadline of October 2004 allows the PSNI to manage the process, both in terms of selling the concept to members, and managing external issues. It also has the distinct benefit of concentrating the minds of those tasked with bringing the project in on time. While the RPSGB has in the past preferred to wield a carrot rather than a stick when it comes to CPD, this approach is no longer tenable. The Society in London needs to follow the lead given by Belfast and spell out clearly what its timetable and framework for the introduction of CPD is ... and a touch of urgency would not be amiss. If it is looking at a date further on than 2004, one has to ask why. If the date is sooner, then it is time pharmacists were told. The PSNI is budgeting for a minimum 15 per cent increase in registration fees to cover the costs of the project: the RPSGB will need to rack up fees by at least the same amount. This will inevitably attract unfavourable comment from pharmacists out of touch with today's political and professional environment, but they should pause to consider what their £142 retention fee provides. Although they might not always appreciate it or use the facilities provided as much as they should, RPSGB membership is a bargain for what it offers, and compares well with other professional bodies. How much are you prepared to pay for professional independence? It should be a question you will soon be asked.

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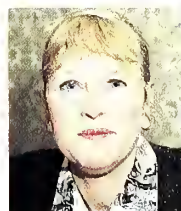
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© United Business Media
International 2001
Chemist & Druggist incorporating
Retail Chemist, Pharmacy Update
and Beauty Counter
Published Saturdays by
United Business Media International,
Sovereign Way, Tonbridge,
Kent TN9 1RW
C&D on the internet at
chemdrug@dotpharmacy.com
Website: <http://www.dotpharmacy.com/>
Subscriptions: (Home) £140 per
annum, (Overseas & Eire) \$345 per
annum including postage
£2.60 per copy (postage extra)
Additional Price List: £78 per annum
Circulation and subscription: United
Business Media International, Tower
House, Sovereign Park, Loughkill St,
Market Harborough, Leics LE16 9EF
Tel: 01858 438909
Fax: 01858 434958
Returns on cancelled subscriptions
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Foot and mouth help from Lloyds

Lloydspharmacy is teaming up with the mental health charity MIND to support people in rural areas affected by the foot and mouth crisis.

Ruralmind's *Foot and Mouth First Aid Kits* leaflets are available through all Lloydspharmacy stores in Devon and Cumbria, the worst affected areas.

They show how to recognise stress and depression and detail a variety of services where those affected can seek help for practical and medical issues.

Ray Perry, social pharmacy manager at Lloydspharmacy, said: "We are delighted to be able to support MIND and Ruralminds in this way. Our stores have proven to be the ideal delivery channel for such messages."

Free prescribing management course

Community pharmacists are being offered a free foundation course in prescribing management in Leeds, starting in September. Run by the Academic Pharmacy Practice unit, based at the University of Leeds, the course is for pharmacists who have little experience of working with GPs.

The course will look at three clinical areas: PPIs, NSAIDs and cardiovascular disease, as well as covering influencing skills, critical evaluation and managing meetings. It has been funded by the region's NHS Workforce Development Confederation.

Community pharmacists working in the Northern and Yorkshire NHS region are eligible and there will be 15 places available for the first intake.

Contact course organiser Mrs Jacky Nunney on 0113 233 1251 or by e-mail J.M.Nunney@leeds.ac.uk

IN BRIEF

CPP gets e-mail links back

The College of Pharmacy Practice has re-established e-mail links. It can now be contacted at info@collpharm.org (without a .uk suffix) and its website is at www.collpharm.org.

MMR vaccine campaign

Pharmacists are being asked to promote educational material on the combined MMR vaccination programme. Leaflets and posters are being sent to hospitals and community pharmacies by the Health Promotion England scheme, supported by the Royal Pharmaceutical Society and the Pharmacy Healthcare Scheme. Further information on www.immunisation.org.uk

PSNI sets 2004 deadline for CPD implementation

The Pharmaceutical Society of Northern Ireland has set a deadline of October 2004 for the introduction of mandatory continuing professional development for pharmacists.

An implementation timetable is likely to be in place from this October with the aim of linking CPD with re-registration in three years' time. While a portfolio system is the most likely option, the details of the CPD format and standards have yet to be finalised. At its May Meeting, the PSNI Council

considered the discussions of the Education Committee. In terms of funding, president James McElnay said that the Society was proposing that it, the Training and Employment Agency and the DHSS&PS each contribute a third of the funding to employ CPD and pre-registration facilitators. He argued that working to the October 2004 date would strengthen the Society's case.

The Education Committee discussion paper on CPD says that the CPD facilitator would "look at each individ-

ual pharmacist on an individual basis". Prof McElnay did not think this was necessarily a good idea, as a standard was needed across the board against which people could be measured.

While it was argued that some discretion might be needed for those who had been on the Register for a long time, Mr Anderson said it was important to have a standard for measuring professional competence. However, Prof McElnay said the Society would want to keep these people on the register.

Doctors' conference backs pharmacist prescribing

Doctors have voted in support of pharmacist prescribing, but want funding to come from elsewhere. The conference of local medical committees voted in favour of a motion from Argyll and Clyde LMC that:

- supported the extension of prescribing by suitably trained pharmacists
- insisted that adequate patient consultation facilities were provided in pharmacies

supported prescription-exempt patients obtaining OTC medicines free, but items prescribed by pharmacists to "prescription-exempt patients" would have to be funded separately, outside GP budgets.

The conference also voted for:

- removing the requirement to hand-write prescriptions for controlled drugs
- converting exemptions from all treatments for specific patient groups

to specific treatments for all patient groups

- removing the universal prescription tax exemption for over 60s
- taxing so-called lifestyle drugs to improve NHS funding.

Doctors also demanded that the Institute for Clinical Excellence should be free from any political or pharmaceutical industry interference and expressed a vote of no confidence in the NICE guidance on zanamivir.

Fewer health authorities leads to LPC restructuring

Local pharmaceutical committees face restructuring as the number of health authorities in England and Wales is reduced to around 30. As the representative contractor committees, LPCs shadow HAs, but the Government has made it clear that HAs will have a strategic role and primary care trusts will take on operational duties.

It is likely that a two tier LPC structure will emerge, with strategic LPCs linked to HAs and made up of a number of local LPCs aligned to PCTs.

The Pharmaceutical Services Negotiating Committee will be considering proposals next week which could result in a new outline structure being ready by November.

Although the target date to have the new HA structure in place is 2004,

PSNC's Steve Axon predicts some mergers will take place in advance of the deadline, and LPCs need to be prepared.

How funding will be channelled and the contractor representative structure will be resourced has not yet been decided. Which LPCs become the operational tier could depend on the preferences of contractor pharmacists.

Pharmacies hailed as NHS champions

Two West Yorkshire pharmacies have become NHS Champions of the Year 2001.

One is the Old Bank Chemist, owned by the Royal Pharmaceutical Society's vice-president, Gillian Hawsworth in Mirfield. The other is the pharmacy run by Bashir Karim in Birkby, Huddersfield.

The award is run by Calderdale and Kirklees Health Authority, its four local primary care groups and two local trusts. The aim is to recognise special care and service, and to give local people a chance to say thank you to dedicated staff.

"This is an NHS award voted for by patients, so they must think I'm part of the NHS, even if others deem that com-

munity pharmacists are not," said Ms Hawsworth.

She was unable to attend the presentation ceremony because she had to go to the Society's Council meeting in London.

There were 11 nominations from customers, whose comments about Old Bank Chemist included: "They always show care and consideration," "go out of their way to help", "an invaluable part of the community", "far more useful than some doctors" and "give full explanations about medicines".

Mr Karim received similar praise: "Helpful in every way," "nothing is too much trouble" and "a great help to the ill".



Gillian Hawsworth

NPA opposes open display of P medicines

The National Pharmaceutical Association Board has opposed the open display of Pharmacy medicines.

Although being piloted by some NPA members via the Numark scheme

(*C&D* June 9, p26), the Board believes that such a move will weaken the professional input into the sales of this category. The Board is concerned that such a move could merge the P cate-

gory with GSL or lead to its demise.

At its meeting last week, the Board debated the case but remained unconvinced that controls to ensure all sales were carried out by or under the

supervision of a pharmacist would remain in place for long.

Proposals so far have included the use of a dedicated till, the marking of P medicines with special coloured pricing tickets and the warning that questions will be asked by pharmacy staff. But once a customer had self-selected a P medicine it would be difficult for staff to refuse a sale, the NPA said.

"The consumer will become the determinant on the selection of the product and the ability of pharmacists to intervene will be undermined considerably," it said. "While there is a drive to give consumers more power, this should not be at the expense of public safety. Moreover, if the pharmacist cannot intervene, what is the point of the P medicines category?"

It sees the principal arguments in favour of placing P medicines on open display as centring around the need to adapt to an increasingly competitive retail market. The loss of resale price maintenance, the entry of Wal-Mart into the UK market and e-commerce will all contribute to driving sales away from the high street pharmacy, the majority of NPA members felt.

The NPA acknowledges that manufacturers will also perceive there is still merit in concentrating their promotional and marketing spend on getting a product into the pharmacy sector.

Despite this, the NPA supports restricting self-selection of P medicines, (although it would encourage their display), due to the "special nature of medicines and the pharmacist's professional role in ensuring their safe and appropriate use".

Doctors call for free emergency contraceptives

Doctors have backed a call for pharmacists to be able to dispense emergency contraceptives free of charge without a prescription.

The cost of emergency contraception when bought without a prescription is at present £20 or more.

The BMA medical students committee chairman Kate Duffield supported the motion "Emergency contraception can be ordered on the Internet for £30, so the bottom line is that women with less money are more likely to have unwanted pregnancies," she said.

The debate raised some doctors' concerns that community pharmacies were not always the best place to advise women about EHC, lacking the privacy of a GP's consultation room.

Other items considered by the Board

A number of other matters were discussed at the NPA board meeting, including the following items:

Special Waste Regulations 1996

The NPA has responded to a consultation on amending the Special Waste Regulations. It has reminded the Department of the Environment, Transport and the Regions (DETR) that community pharmacists are providing a public health service by collecting unwanted medicines for disposal and therefore they should be paid, not charged, for "generating" such waste. It says it would be totally unacceptable for pharmacists to have to register annually as waste producers and pay a scaled fee which was calculated according to the amount of waste collected. The Board has also asked that the DETR continues to allow pharmacists to dispose of all unwanted medicines as special waste, even though P medicines are not classified as such.

Veterinary Medicines Review

The NPA has welcomed the proposal that vets should provide written prescriptions for clients which could then be dispensed by pharmacists. However, it is concerned about the recommendation to adopt a medicines classification system with only two major categories, Prescription Only and GSL, as this might have implications for human medicines.

All Party Pharmacy Group

As a result of the recent General Election, the All Party Pharmacy Group will be reconstituted on July 12. The Group will also host two fringe meetings at the Labour and Conservative Party Conferences. In addition, the NPA, RPSGB, PSNC and CCA will exhibit their Pharmacy stand at the Labour Party Conference from September 30 to October 4. The theme this year will be "reshuffling your cabinet", with the emphasis on the pharmacists' expertise in helping

people manage their medicines safely and appropriately.

Uniform Business Rate

Pharmacies in the North East of England and Wales are being targeted by valuation offices hoping to impose increases in their rateable values. Pharmacies in or near doctors' surgeries seem particularly prone. In proposing new rates, valuation offices are taking into account prescription turnover. The NPA will survey members about the extent of the problem.

Dispensary equipment

The NPA's Pharmacy Planning Department is promoting the concept the "space pole" for providing "ergonomic solutions and space saving for computer screens, keyboards and printers". The department proposes to build the space pole into new designs and refits at discounted prices. For further information, call 01727 832161 ext 271, 297 or 270.



Physicians take their hats off to pharmacists

The Faculty of Public Health Medicine of the Royal College of Physicians awarded honorary membership to a number of pharmacists in a ceremony at the RCP's annual science meeting in Glasgow. Pictured, from left: Phil Wiffen, SE Region Pharmaceutical Adviser & co-ordinating editor of the *Cochrane Pain, Palliative and Supportive Care Review Group*; Peter

Matthews, Sandwell HA pharmaceutical adviser; Roger Walker, director of pharmaceutical public health, Gwent HA and professor of pharmacy practice, University of Wales; Marilyn Ramsden, chief pharmaceutical adviser, North and East Devon HA; Professor James McEwan, outgoing President of Faculty of Public Health Medicine; Scott Bryson, pharmaceutical adviser,

Greater Glasgow Health Board; Sonia Colwell, head of public health development and director of health systems at Lambeth, Southwark & Lewisham HA; Edward Mallinson, specialist in pharmaceutical public health, Lanarkshire HB; and Michael Beaman, pharmaceutical adviser, Barnet HA, who were all among those honoured.

Nicotine tumour study raises NRT concerns

Nicotine has been shown to promote the growth of new blood vessels in mice and, as a consequence, may promote tumour growth and atherosclerosis, according to a study published in *Nature Medicine* this month.

The researchers at Stanford University, California suggest that the long-term use of nicotine replacement therapy by people trying to give up smoking may be harmful.

However, the damage to health caused by smoking outweighs any potential health risks suggested by this research, said Novartis Consumer Health, manufacturer of Nicotinnell.

"The safety of NRT as an approved treatment for tobacco dependence is widely acknowledged and it is safer than smoking under any circumstances. Furthermore, there are no indications that nicotine, as used in NRT, promotes tumour growth and atherosclerosis."

"Give up smoking, don't give up quitting," was the message from Pharmacia Consumer Healthcare. "Recent treatment guidelines published by the US Public Health Service and by the UK Health Development Agency recommend nicotine replacement therapy as a safe and effective first-line treatment for tobacco dependence. This study provides no new data to challenge such conclusions."

GlaxoSmithKline, manufacturer of Nicquitin CQ, said the study only showed that nicotine might increase the blood supply that existing tumours needed to grow.

Dr Mary Berrington of the Cancer Research Campaign said: "This is interesting early work, but there is no evidence that it is of any relevance to people using short-term NRT to help them stop smoking."

The research is published as many NRT products move from Pharmacy to General Sales List status. As *C&D* went to press, the Medicines Control Agency was unable to comment on the safety of long-term use of NRT.

CAB warns script levy is preventing therapy

Prescription charges may be preventing access to appropriate treatment for poorer people with chronic conditions, the National Association of Citizens Advice Bureaux has warned.

A MORI study has found that about 750,000 people in England and Wales are failing to get their prescriptions dispensed because of the levy. Another study has found that over a quarter of the 1,029 people who had paid prescription charges in the previous year had failed to cash all or part of a prescription because of the cost. Half said they had difficulty affording payment and a fifth of those who had problems paying were on incapacity benefit or other disability or sickness benefits.

The association wants all prescription charges abolished. Failing this, it suggests a sliding scale for pre-payment certificates to help patients with incomes just above income support levels.

Its report *Unhealthy charges* says that those with chronic conditions are most likely to suffer, with 37 per cent failing to get all or part of the prescriptions dispensed. Some asthmatics are self-rationing their medication to save on costs, claims NACAB, "while people with mental health problems are being forced to choose between living below the poverty line or not having medication essential to their ability to cope in the community".

Bureaux have had to help patients find money for prescriptions from charities.

The NACAB says that people whose income may just exceed income support levels may be cut off from all help with payment. "This means people whose only income is incapacity benefit - by definition likely to be heavy users of prescriptions - are excluded from help, even though their income is little higher than income support."

● *Unhealthy charges: CAB evidence on the impact of health charges* is available from the Social Policy Department, NACAB, Myddleton House 115-123 Pentonville Road, London N1 9LZ, price £6.

Relaunched pharmacy to offer medicines management

A refurbished pharmacy in Tamworth, Staffordshire, which plans to offer medicines management services direct to patients, was re-launched by health minister Lord Hunt last Friday.

Primary Care Group Holdings plc and the existing contractor, Ian Ashby, have joined forces to redesign The Primary Care Pharmacy and offer more services to patients.

These will include specialist medicines management consultations, proactive medicines management for chronically-ill patients, diagnostic testing and screening, health promotion and lifestyle advice. There are four consultation rooms where services such as chiropody will be offered.

Andrew Burr, chief executive of PCG Holdings and a partner in the new venture said: "We are not looking to compete with the other pharmacies in Tamworth, but to work together. We can offer patients services that other pharmacists may neither have the facilities or the inclination to provide. If those other pharmacies refer

patients to us then they will receive a percentage of the fee."

Ian Ashby, partner and manager of the Primary Care Pharmacy, said: "I am delighted with the outstanding refit. Not only does the pharmacy look good, but it has also increased our NHS prescription numbers by 20 per cent in the last two months."

The Primary Care Pharmacy is still deciding on a scale of charges for services such as medication review, but Mr Burr said: "Where we incur costs we will charge for the service and

where we don't incur any direct costs we may offer a discounted rate." He suggested a fee of £30 for a 20-minute pharmacist consultation.

The pharmacy is piloting an electronic intervention system that will link the pharmacy with pharmacists working in a GP practice.

There are four pharmacists working in the Primary Care Pharmacy - two in the NHS dispensary and two in the medicines management area and each has, or is working towards, a post-graduate clinical qualification.



Moss Pharmacy is roping in senior managers who happen to be pharmacists, including those in head office, (pictured to help with the shortage of newly-qualified pharmacists. Last month saw a "back to the shop floor" training day for those managers who may not be quite as familiar with the dispensary bench as they used to be. Among the topics covered were continuing professional development, new medicines, computer labelling, clinical case studies, legal and ethical responsibilities, POM to P switches and emergency hormonal contraception. Attendees were also given a branch support pack to enable them to work as pharmacists in Moss stores on a rota basis



Digital television customers in the Birmingham area will be able to book GP appointments through their television as part of the Living Health pilot project. They will also be able to get information on local NHS services and health advice. By September, the project will include NHS Direct inVision. Patients will be able to speak to a nurse they can see on the screen

Emperors, kings and frogs

Now that the dust has begun to settle after the loss of resale price maintenance, reflection on the future is slightly easier.

From conversations in recent weeks it is clear to me that many independent pharmacists across Northern Ireland are aware that RPM is gone, but have no idea of its real, long-term significance to them, or to pharmacy as a whole. Nero and fiddling while Rome burns come to mind.

Boots was hot off the mark with a "3 for 2" offer on Nurofen Plus in all its stores the day RPM fell. I try not to be too critical of Boots, and if its response had been only a price cut, I might have ignored it, but a "3 for 2" offer flies in the face of professionalism Boots should be ashamed.

"Not liking change and pretending it isn't there is a sure recipe for disaster"

Advice to independents abounds. "Don't panic!", "Don't price cut!" "Play to your strength!" Independents are complying with the first two suggestions by default, not design. This is why there is possibly little movement in playing to our strengths.

In fact, in the week that the pharmacy press announced the loss of RPM the only story in *C&D* from N Ireland was about pharmacists failing to advise properly patients seeking emergency hormonal contraception.

So what have we learned from this episode? Change, like death and taxes, is an inevitable part of life. Not liking change and pretending it isn't there is a sure recipe for disaster.

Apparently a frog in a bath of water will not notice small rises in temperature and will remain in the water until eventually the temperature kills it. Small, uneventful changes in the environment we work in are happening all the time. We all need to be sensitive to them and those who represent us need to be sensitive and to help us to make the necessary adjustments.

Perhaps they do, and we constantly ignore them or belittle them when they tell us and we just don't want to hear.

Written by a practising Northern Ireland pharmacist

Xrayser

Topical Reflections

Open display rolls on, gathering Moss

Last week I criticised Numark for experimenting with the self-service display of Pharmacy medicines, and now Moss has announced that it, too, is to pilot a similar scheme (*C&D* June 30).

Community pharmacy has always attempted to face both ways at the same time, but sadly, whenever the conflict between professionalism and commercialism meets head on, commercialism invariably wins.

In the case of the loss of resale price maintenance, the consequence of a relaxation of the Royal Pharmaceutical Society's Code of Ethics to comply with competition law was not foreseen by many. However, it was rapidly perceived as a marketing opportunity by Numark, and now Moss, and to hell with the professional consequences.

Open display of "P" medicines is bad news for the future professional role of pharmacists as gatekeepers to the nation's medicine cabinet.

Individual pharmacists, myself included, may criticise its introduction, but commercial companies owe no allegiance to professional aspirations and once one group has sought commercial advantage, the rest will follow.

Commercial competition may soon enable the public to self-select all their medicines, and then what will be the point of distinguishing between "P" and "GSL" categories?

The supermarkets will be able to dispense with the expensive, but desirable element of pharmacist supervision, and further moves to extend pharmacists' responsibilities to the supervision of more "P" medicines and towards a prescribing role could be blown out of the water.

Pharmacists and drug dependency

Drug dependency is a growing problem but one where the potential input from the community pharmacist has never been fully utilised.

The present instalment dispensing arrangements do not adequately cover the range of drugs that GPs and drug dependency centres wish to control.



When it comes to benzodiazepines, antidepressants and pain killers, doctors either have to issue bulk prescriptions or write out daily FP10s.

Pharmacists in Southend, Essex, are to be involved in tackling this problem through a local scheme to enable instalment dispensing using a suitably endorsed standard FP10 (*C&D* June 30, p4). I assume this scheme has been negotiated locally and my congratulations to Essex LPC for its foresight in obtaining local funding for such an essential service.

Drug dependency is not a local issue, but a national problem. The Southend scheme will prove what we already know. Restrict the supply of drugs of dependency to that required for immediate use and street leakage will be substantially reduced.

What we do not know (and if properly monitored the Southend scheme has the potential to provide this information) is by how much such a scheme is merely damage limitation, or whether, by increasing exposure of the client to regular pharmacy visits, the overall local drug dependency culture can be improved.

But whatever the outcome, it should not be necessary for local resources to be applied to what is a national problem. The Government has allocated large resources and a drugs czar to co-ordinate drug dependency programmes. As a part of that process money should already

have been invested to allow for instalment dispensing of all dependent drugs and to fund a national supervised methadone programme.

Turning to the bottle

I have always been amazed at the money young parents are prepared to spend for the convenience of throwing away dirty nappies, rather than washing the terry variety.

However, my cries have been ignored and the landfill sites of Britain are now filled to overflowing with these environmental hazards.

Now disposable bottles with attached teats have been launched. They will cost £1.99 for four and I predict will sell like hot cakes. I agree with the advertisers that the day of the re-usable bottle is now numbered but, like nappies, I can only regret our obsession with convenience almost regardless of cost.

The consequences to the environment are not listed in the full page advertisement for Steri-bottle in last week's *C&D*, but whether or not they are made from recycled or recyclable materials should perhaps appear prominently on the box. At least parents will be fully informed of the potential hazard and some may even make a balanced choice.

Stock switching leads to reprimand

A pharmacist who runs two Roxburgh pharmacies tried to hoodwink UniChem into accepting ageing stock, it was claimed.

Following an abnormally high quantity of returns from Alex Walker & Sons of The Dispensary, Jedburgh, UniChem launched a probe and discovered £631 worth of older medicines had been switched for new stock it had supplied.

Pharmacist Ewan Wilson, 37, of Jedburgh, who also owns a pharmacy in Melrose, appeared before the Statutory Committee on May 22. The hearing was told that UniChem began monitoring all stock returns from February 14 last year and discovered 14 returns from Alex Walker & Sons were shortdated and bore different expiry dates to the stock it had delivered. There had been four similar returns the previous week.

Geoffrey Hudson, representing the Society, explained Mr Wilson was given the opportunity to return shortdated stock when he agreed his UniChem contract in 1999, but the company only agreed to accept medicines with 12 months left on their expiry date.

"It was suspected he was returning shortdated stock at no cost to himself for stock with a longer shelf life," said Mr Hudson. Delivery notes were returned marked "ordered in error" accompanied by older medicines.

UniChem's Newcastle general manager Tony Brotherton said any returns over 4 cent would trigger an inquiry and Mr Wilson was returning stock at the rate of 13 per cent and 18 per cent in the two months before the inquiry.

Mr Wilson told the committee: "It was a procedure I misunderstood. I thought UniChem would be able to use the stock I was returning. I was not sure what to write on the delivery notes and that seemed the most obvious thing to write."

Committee chairman Lord Fraser of Carmyllie QC announced: "There is an element of concealment in the arrangement Mr Wilson took and it was not a very convincing account that he did not know what he was doing at the time was irregular."

"The very least he should have done was alert Mr Brotherton to give him the opportunity to exercise his judgement as to whether he was prepared to accept the return of shortdated stock."

"We do consider this to be misconduct and such that renders him unfit to be on the Register, but we will not move for his name to be removed and we will reprimand him."

Mr Wilson has three months to appeal against the decision.

Pharmacist surfed the net while patients waited

The case of an Internet-crazy pharmacist who ignored patients' medical needs and remained hooked to the screen while they waited for their prescriptions was heard by the Statutory Committee.

A quantity of Prescriptions-Only Medicines and toiletries were stolen from the Cheltenham pharmacy by the pharmacist and his girlfriend, who had installed Internet software on the shop's computer without permission and remained online all day.

Pharmacist Gary Sherwood, of Swansea, did not appear before the Statutory Committee on May 22, insisting he has now put the profession behind him.

Mr Sherwood was the sole pharmacist at Martins Chemist of Cheltenham from January to September 1999.

On December 14, 1999, he was sentenced to 60 hours community service and placed on probation for 12

months with £54 costs by North Gloucestershire Magistrates Court, after pleading guilty to stealing £207 worth of medicines and £165 worth of toiletries from Martins.

He faced further misconduct allegations of improper use of the pharmacy computer, instructing staff to inform customers that prescriptions could not be dispensed because the computer had crashed, and of failing to honour a locum arrangement.

Geoffrey Hudson, for the Society, told the hearing that Mr Sherwood's boss had complained the diamorphine register was stolen, and on September 30, 1999, police raided Mr Sherwood's home, seizing the medicines and toiletries.

He refused to attend the hearing, telling the Society in an e-mail: "Pharmacy is no longer for me," adding that he hoped to put the entire affair behind him.

He had not paid his annual registration fee and was therefore not on the register.

Effectively striking off Mr Sherwood, Committee chairman Lord Fraser announced: "He used that computer to access the Internet in circumstances he knew his employer would prohibit."

"While he was accessing the Internet, members of the public were told that the computer had crashed and they could not obtain their prescriptions."

"That is wholly unacceptable conduct for a pharmacist in these circumstances."

The committee ruled that Mr Sherwood, whose name was removed from the official register for non-payment of professional fees, should not have his name restored.

Mr Sherwood has three months in which he can appeal against the decision.

Too much too soon – struck off for over-dispensing

A pharmacist who dispensed 14 times more methadone to a heroin addict than doctors ordered and billed the NHS accordingly has been ordered to be struck off.

Felix Kuforiji of Kensington, London, the owner of Vidmo Chemist, Willesden, had a dozen heroin addicts on his books.

The Statutory Committee of the Royal Pharmaceutical Society heard on May 24 that Mr Kuforiji was sentenced to 180 hours' community service and ordered to pay £55 costs.

Mr Kuforiji pleaded guilty at West London Magistrates Court on May 5 2000 to two offences of failing to follow prescription directions on February 3 and 22 last year, contrary to the Misuse of Drugs Act.

He also admitted failing to keep methadone securely in a locked safe or cabinet.

Geoffrey Hudson, for the Society, told the committee that two drug counselling doctors employed by The Junction Project in Willesden complained after the pharmacist dis-

pensed methadone in one batch rather than the daily intervals prescribed.

On February 3, patient RC was dispensed 560mls of methadone at once, instead of 40mls per day for a fortnight. On February 22, patient JD was dispensed his remaining three daily 60mls doses at once.

Det Sgt Nigel Tilley, the controlled drug inspector for North West London, visited the pharmacy on February 28 and spotted two 500mls bottles of methadone standing in the storeroom.

Drugs such as these must be properly secured in an approved cabinet.

The pharmacist admitted supplying methadone in one batch. The officer also discovered that Mr Kuforiji had continued billing the NHS for each individual daily prescription to patient RC.

The pharmacist told the committee that his solicitor had advised him to fight the case.

"I went against that advice because other medical bodies were being taken to court and I thought it was

more important to protect the profession. I would rather take whatever punishment."

"The patient had proved he would not take more than his daily dose. At the time I was naive, I don't know how I can prove this innocence, but it is true."

Committee chairman Lord Fraser of Carmyllie, QC, said: "Where there are instructions on a prescription to dispense in instalments, that must be followed."

"It is an important duty and not good enough for the pharmacist to say it is not convenient, or they were threatened, or there was violence, or they dispensed because it was a compassionate way to deal with the patient."

"With some considerable reluctance we are bound to remove Mr Kuforiji's name from the register. We have to protect patients and protect the quantity of controlled drugs getting onto the illegal market."

Mr Kuforiji has three months to appeal against the decision.



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*Trade Mark

Z760009/05/01

Medical matters

DIY fertility kit due out next year

The first "his and hers" home fertility kit for couples hoping to start a family is expected to be ready for launch early next year.

The DIY kit, to be called Fertell, has been developed by a research team at Birmingham University led by Professor Christopher Barratt. "It takes an established technology usually employed in the laboratory and embodies that know-how in a simple to use format," Prof Barratt said at the unveiling of the new kit at the annual conference of the European Society of Human Reproduction and Embryology in Lausanne, Switzerland.

Prototypes of the Fertell test kit have been tried out on 118 men and 243 women attending Birmingham Women's Hospital by researchers from Birmingham University.

Genosis, the company marketing the kit, plans larger clinical trials involving 1,000 people in the UK and US, and hopes the product will go on sale over the counter early next year. It will be "sensibly priced".

There is likely to be considerable demand because of falling levels of male fertility and the current trend of women to want a career first and a family later, when their fertility levels are lower.

Prof Barratt said the test is able to distinguish between healthy and abnormal sperm with 90 per cent accuracy.

"The test cannot diagnose all causes of male infertility. However, it will identify the majority of cases. This intervention is particularly important given that many couples are choosing to defer childbearing until later life."

The male test works by making the sperm swim through synthetic mucus, presenting a similar path to that at the neck of the womb. The liveliest sperm which get through rapidly are those most likely to cause a conception. In the Fertell test, those which reach the finishing line within 40 minutes produce a "red line" denoting fertility. No red line means a raised risk of infertility.

The female test measures follicle stimulating hormone, which is an indicator of the number of eggs the woman has in her ovaries. Women wait only 15 minutes for the answer to their test.

Rather than trying for a year before seeking medical help, couples will be able to seek help immediately, if the test has indicated that there are problems.

Long-term benefits for stroke patients

Significant benefits of long-term anti-hypertensive therapy for stroke patients have been demonstrated in a six-year study of more than 6,000 stroke sufferers worldwide.

Results from the PROGRESS (Perindopril pROtection aGainst Recurrent Stroke Study) showed a reduction of 28 per cent in the risk of further stroke in patients with a history of stroke or transient ischaemic attack. Patients were given the ACE inhibitor perindopril (Coversyl) alone or in combination with the diuretic indapamide (Natrilix). In a subgroup of patients who had previously suffered a cerebral haemorrhage, the risk of further stroke was reduced by 48 per cent.

Each year, there are about 125,000 strokes in the UK. After a first stroke one person in four dies during the first month and 40 per cent during the first year. Of the survivors, one in four will

have a second stroke within five years.

Antihypertensive treatment has the potential to save large numbers of lives and cut chronic disability from strokes, the data presented to the World Congress of Neurology demonstrates.

"The results of PROGRESS will have a substantial effect on the management of people who have had a stroke," said UK study joint co-ordinator Professor Kennedy Lees, Department of Medicine and Therapeutics, University of Glasgow.

"Previously we would only have lowered blood pressure in stroke patients where it is obviously high, but now this study with perindopril and indapamide shows all stroke patients - regardless of whether their blood pressure is already being treated - should receive additional treatment, as this will reduce the number of further strokes."

Oestrogen patch lifts spirits

Oestrogen patches can prevent the depression that often descends early in the menopause, the European Society of Human Reproduction and Embryology in Lausanne was told.

Patches can ease mild and severe symptoms in up to 80 per cent of women - a success rate similar to that of antidepressants.

In the study by the National Institutes of Health in Maryland, US, 34 women aged 44-55 who had

depression wore oestradiol patches for six weeks. About 80 per cent said the patches had lifted their depression, while only 22 per cent on placebo said their spirits had lifted.

The mechanism by which the hormone lifts depression is not known, but the effect appears to be independent of hot flushes.

HRT containing progesterone given after the menopause does not have the same impact on depression.

Alpha blockers vary in prostate problems

It used to be thought that alpha blockers, one of the main therapies to treat enlarged prostate problems, were of similar effectiveness. But new data has shown there are differences. Research presented at the British Association of Urological Surgeons (BAUS) meeting reveals that Cardura XL (doxazosin GITS) is more effective than tamsulosin in relieving the symptoms of benign prostatic hyperplasia (BPH).

The condition, caused by an enlarged prostate squeezing the ure-

thra, leads to problems with urination and sometimes erectile dysfunction.

Trial results comparing the two drugs showed that doxazosin GITS was more effective at relieving symptoms and significantly increasing the maximum flow of urine.

Mr Roger Kirby, consultant urologist at St George's Hospital, London said: "Differences are beginning to emerge between the alpha blockers." At least half of men over the age of 60 have some degree of BPH.



IN BRIEF

Lipobay SPC amended

The Summary of Product Characteristics for Lipobay has been amended to warn of the risk of increased incidence of rhabdomyolysis in patients receiving the drug concomitantly with gemfibrozil. Patients receiving both drugs should immediately discontinue one. Bayer also advises that the maximum daily dose of Lipobay should be 400mcg. Rhabdomyolysis is a potentially life-threatening condition characterised by raised CPK levels. It is thought to be plasma concentration related, so doses greater than 400mcg cerivastatin should not be used until the role of higher doses is further evaluated. Distribution of Lipobay 800mcg has been voluntarily suspended.

Boyer Plc.

Tel: 01635 563000.

Pariet improved blister strip

Pariet 20mg tablets now have an aluminium/aluminium inner blister strip with no foil pouch or desiccant. This increases the shelf life to 24 months. The 10mg tablets will be introduced in improved packaging later this year.

Eisai Ltd.

Tel: 020 8600 1400.

Bronchodil Aerosol dropped

Branchadil Aerosol has been discontinued as part of the programme to phase out the use of CFC propellants. Non-CFC alternatives have not proved viable. Users should be advised to see their GP for an alternative.

Asta Medica Ltd.

Tel: 01223 423434.

Maalox Susp 300ml

Aventis Pharma has discontinued Moolox Susp 300m because of manufacturing problems. Any outstanding back orders will be cancelled.

Aventis Customer Service Dept.

Tel: 0870 5133347.

Rescueflow for resuscitation

Harizan Lifecore and Biaphausia have launched Rescueflow (7.5 per cent sodium chloride/6 per cent dextran 70) for initial resuscitation after trauma. It is designed for small volume resuscitation for hypovolaemia with hypotension induced by traumatic injury. Available as 12 x 250ml bags at NHS price of £28.50 per bag.

Harizan Lifecore Ltd.

Tel: 020 8410 0755.

Product Information Nurofen For**Children:** Suspension containingibuprofen 100 mg/5 ml. **Prescription****and OTC:** For the fast and effective

reduction of fever, including post

immunisation pyrexia and the fast and

effective relief of mild to moderate pain,

such as sore throat, teething pain,

headache, earache, headache, minor

aches and sprains. **Dosage:** For pain

and fever: The daily dosage of Nurofen

For Children is 20-30 mg/kg

bodyweight in divided doses. This can

be achieved as follows: Infants 6-12

months: One 2.5 ml spoonful may be

taken 3 to 4 times in 24 hours. Children

1-3 years: One 5 ml spoonful may be

taken 3 times in 24 hours. Children 4-6

years: 7.5 ml (5 ml + 2.5 ml spoonful)

may be taken 3 times in 24 hours.

Children 7-9 years: Two 5 ml spoonfuls

may be taken 3 times in 24 hours.

Children 10-12 years: Three 5 ml

spoonfuls may be taken 3 times in

24 hours. Not suitable for children under

6 months of age unless advised by your

doctor. For Juvenile Rheumatoid Arthritis:

The usual daily dosage is 30 to

40 mg/kg/day in three to four divided

doses. For post immunisation pyrexia:

One 2.5 ml spoonful followed by one

further 2.5 ml spoonful 6 hours later

if necessary. No more than two 2.5 ml

spoonfuls in 24 hours. If the fever is not

reduced, consult your doctor. For oral

administration. For short term use only.

Contraindications: Hypersensitivity to

any of the constituents. Patients with a

history of, or existing peptic ulceration.

Patients with a history of asthma, rhinitis

or urticaria associated with aspirin or

other non-steroidal anti-inflammatory

drugs. **Precautions and Warnings:**

If symptoms persist for more than 3

days, consult your doctor. Do not

exceed the stated dose. Caution is

required in patients with renal, cardiac

or hepatic impairment. Asthma sufferers,

anyone allergic to aspirin, receiving any

other regular treatment and pregnant

women should consult their doctor

before taking Nurofen For Children.

Nurofen For Children is not suitable for

patients who have a stomach ulcer or

other stomach disorder. Not recom-

mended for children under 6 months

unless advised by a doctor. **Side****effects:** Hypersensitivity reactions have

been reported following treatment with

ibuprofen. These may consist of

(a) non-specific allergic reaction and

anaphylaxis, (b) respiratory tract

reactivity comprising of asthma,

aggravated asthma, bronchospasm or

dyspnoea, or (c) assorted skin disorders,

including rashes of various types,

pruritis, urticaria, purpura, angioedema

and, more rarely, bullous dermatoses

(including epidermal necrolysis and

erythema multiforme). Side effects are

rare but may include abdominal pain,

nausea, dyspepsia and gastrointestinal

bleeding and peptic ulceration. Also

very rarely thrombocytopenia has been

reported. Bronchospasm may be

precipitated in patients with a history of

aspirin sensitive asthma. **Product****Licence Number:** PL 00327/0085.**Licence Holder:** Crookes HealthcareLimited, Nottingham, NG2 3AA. **Legal****Category:** P. **Price:** Pack size 100ml:£3.35 Pack size 150 ml: £4.59. **Date****of preparation:** June 2001. NU281.**NUROFEN**
for
children
IBUPROFEN**Fever & Pain**

from 6 months



Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.



Counterpoints



New-look Piriton is re-focused

GlaxoSmithKline Consumer Healthcare is relaunching its Piriton range of allergy remedies with a more consumer-friendly image.

New packaging for Piriton tablets and syrup shifts the emphasis away from "seasons" and focuses more strongly on the symptoms and causes of allergies.

A lightweight, unbreakable bottle is being introduced for Piriton syrup, which can be taken by children, aged over one year.

The easy-to-carry bottle highlights the suitability of the product for children on the front of the pack.

The relaunch will be supported by a £2.1 million marketing package aimed primarily at 24-44 year old mothers.

The campaign includes sponsorship on GMTV and press



advertising running until November in national newspapers and parenting magazines.

GlaxoSmithKline Consumer Healthcare.
Tel: 020 8560 5151.

Spot the difference with Neutrogena

Neutrogena is launching new facial wipes to help prevent spots and breakouts.

Clear Pore Wipes are formulated with salicylic acid to deep cleanse the skin, removing dirt and oil while reducing bacteria.

The wipes contain cooling menthol and camomile to calm irritated skin. They can be used every day and with regular use will help to reduce oil build-up and eliminate shine.

Retail price is £4.49 for 25 wipes.
Neutrogena UK Ltd.
Tel: 01628 821525.

L'Oréal wakes up tired hairstyles

L'Oréal is introducing a unisex hair styling water into its Studio Line FX Invisi range.

Studio Line Style'O styling water is designed to help control the hair without stickiness or visible residue.

The water-based formulation comes in an easy-to-use pump bottle. It can be used daily and is suitable for freshly washed hair or for reviving styles in between shampoos.

It is available in two variants - one for short hair, the other for curly hair.

The retail price is £3.99.

L'Oréal Group UK.
Tel: 020 8762 4000.

Philips' Silver range quietly sets the style for lovely locks

Philips' new Silver range of electrical hairstyling appliances comprises three metallic silver dryers and stylers.

The Philips Beauty 1800W Super Silent Dryer (rsp £20.00) is designed to have a noise level half that of other

comparable dryers. It has three heat/speed settings for quick drying, controlled or gentle styling.

Geometricks (rsp £23.00) is a hair styler designed to help create a wide range of different straight or curly looks.

It has six attachments - a straightener, crimper, brush for soft waves, spiral tong and curling tongs in small and extra large.

The Cinque 1000 watt styler can be used as a dryer or styler and is particularly suitable for long hair.

Attachments include a curling tong, a multi-purpose bristle brush, a cushion brush for shaping and a bristle brush for polishing.

The styler has two heat/speeds and comes with a nozzle for drying hair. It will be available from September at a retail price of £27.50.

● Philips is also launching a new appliance designed to make hair colouring quick and easy at home.

Color Precise (rsp £20.00) features a "controlled diffusion system" that releases hair colour out of 18 pins, brushing it into the hair evenly.

The appliance can be used with any brand of permanent hair colour.

It will be available exclusively in Boots stores between September and the end of the year.

Philips DAP.
Tel: 020 8689 2166.

Head Girl goes for a trendy makeover

Paul Murray is relaunching its Head Girl range of hair and jewellery accessories with a fashionable new look this summer.

Head Girl hair products have been repackaged on opaque purple "stardust polypropylene plastic" non-fading display cards. Head Girl Jewellery will now appear on opaque purple and silver packaging.

The modern presentation is designed to create a "high street look" within the pharmacy, increasing the prestige attached to both the product and stockist.

Fifty new high-fashion lines have also been introduced into the range.



Retail prices range from £0.49 to £9.99.

Paul Murray plc.
Tel: 023 8046 0600.

Dead Sea salt scrub

Finders International is launching a salt scrub body treatment in its Dead Sea Spa Magik range.

Salt Brushing contains pure Dead Sea salts, coconut oil and vitamin E.

The scrub is applied to the whole body using circular brushing strokes concentrating on dry or rough areas.

It is designed to help break down fatty deposits while stimulating the circulation.

The retail price is £9.99 for 500g.

● Additions to the Dead Sea Spa Magik range also include a facial set (rsp £20.00), body set (£22.00) and travel set (rsp £9.99).

Finders International.
Tel: 01580 211055.

Another first for Norton Advantage

Norton Healthcare has once again broken the mould by offering members of its Advantage scheme direct online access to their accounts - the first generic manufacturer to do so.

This latest innovation comes in the wake of several other industry 'firsts'. Convinced of the potential of interactivity to add value and improve customer service, Norton invested heavily in digital technology right from the start.

As the first generic manufacturer to equip their salesforce with laptops back in 1992, Norton was already ahead of the game when it came to providing retail sales specialists with access to live data in 2000. This allowed the eventual web-based services to be piloted in real pharmacy situations, so that any glitches could be ironed out before the site became available to Norton Advantage members; it also meant that the salesforce could verify how well the services being developed corresponded to what customers actually wanted.

To maintain this feedback loop, the Norton Advantage website is being rolled out in stages, with more and more functionality being added at each stage.

Benefits for Scheme Members

Launched in October last year, the initial phase included price lists for members and details of advantageous deals (such as price cuts on particular Norton products), together with 'Find a rep' functions, links to Norton Advantage business partners and a digest of relevant news stories from across the industry.

Since it went live in March 2001, the newly enhanced site has been registering over 100 hits a day - and no wonder, when you consider the benefits it offers scheme members.

With 24/7 password-protected access, Norton Advantage customers can now log on and check their real time account status, transaction information and credit balance - there's even a 'Bonus Tracker' function which allows them to maximise their bonus rewards.

So don't miss out, why not log on today?

The focus group research that Norton conducted last year revealed that customers wanted electronic real time price lists as well as hard copies sent directly to their doors - and that's exactly what the upgraded site now delivers.



Members can also use the site to track and review historic purchases by product over the previous 6 months - an invaluable help when re-ordering.

Currently under construction is the third phase, which will allow Norton Advantage members to examine specific invoices in detail. This will allow users to drill down on transactions listed on their statements to discover exactly what makes up a particular invoice. Also from Summer 2001, look out for exclusive online promotions only available on www.nortonadvantage.com.



Foolproof navigation for web novices

The whole venture is part of Norton Advantage's continuing quest for 'simplicity, clarity and visibility'. They've certainly got the simplicity right - unlike the many manufacturer sites so laden with fancy graphics and animations

that they take ages to download, nortonadvantage.com is refreshingly easy to use. The navigation is foolproof even for web novices, the layout is straightforward, and as the system requirements are low, you don't need the latest hardware to take advantage of its functionality.

The 'clarity and visibility' are self-evident - by delivering unprecedented levels of transparency, the site gives Norton Advantage members complete control over their accounts. They can now get up-to-the-minute statements in seconds,

whenever it suits their business requirements rather than having to wait for the post.

Past transactions and purchasing patterns can be checked at will - and as real time account status appears on screen alongside the relevant bonus thresholds, members can easily work the scheme to their advantage, simply by making the few extra purchases it might take to qualify them for significantly higher bonuses.

Online functionality

According to Jason Duggal of JK Duggal Chemists in Tipton,

"The site's new functionality is incredibly useful - especially for small independents like us. The layout is easy to navigate, and we're always checking the latest prices and offers. I've been in this business for 25 years, and there's no doubt that Advantage is taking things in the right direction. As a package, it's great - and I can't wait to be able to order online one day!"

Norton realised that site security was of fundamental importance, to give its Members the reassurance and confidence to use the site. The amount of privileged and confidential account information available to members on screen requires the site to be completely secure, and Norton has gone to great lengths to protect the system's integrity. This high level of protection is what underpins the transparency the site adds to the purchasing process, to the benefit of greater business continuity for the pharmacist.

To book a 1:1 demonstration of how the site works, simply contact a Norton retail specialist via www.nortonadvantage.com or contact telesales on 0800 697311.

Continuity Simplicity Clarity Visibility

NORTON
Advantage[®]

the difference is clear

Migraleve ads tackle migraine head on

Warner Lambert Consumer Healthcare is supporting its Migraleve migraine treatment with a £500,000 press campaign in Sunday supplements and women's and men's magazines from this month.

Two eye-catching creatives feature a woman with bolts protruding from one side of her head and a man pictured with the top of his skull cracked and shattering.

Both advertisements feature the strapline "Migraine is not a headache, Migraleve is not a headache pill."

Warner-Lambert says it hopes the campaign will drive migraine sufferers who use headache pills to turn to a Migraleve, which treats nausea and vomiting as well as severe head pain.

Warner Lambert Consumer Healthcare.

Tel: 023 8064 1400.

Mothers vote pharmacists No 1

New mothers are placing their trust in their local pharmacist for advice on minor illnesses, according to research by Novartis Consumer Health.

They are also confident that the pharmacist will know the answer, with three-quarters saying their pharmacist has an excellent knowledge of health issues.

Other qualities praised in pharmacists are discretion (70 per cent) and an approachable attitude (75 per cent).

The survey shows that 80 per cent of mothers would consult their local pharmacist within one day if their child exhibited the first symptoms of a cough or cold.

Eight out of 10 mothers believe their pharmacist is helpful and will always make time to advise them. New mothers visit their pharmacists at least 12 times a year.

The research was commissioned as part of the Tixlix sponsorship of *Mother and Baby* magazine's "Child Friendly Pharmacy of the Year Award".

The award aims to raise local awareness of the importance of the relationship between parents and pharmacists and the quality of service and advice that pharmacists provide.

POS material and entry forms for parents to nominate a pharmacy are available from Novartis representatives or by phoning 01403 323948.

Novartis Consumer Health.

Tel: 01403 210211.

SUPERMARKET SWEEP

Average unit price	Asda		Sainsbury's		Tesco	
	16th June 2001	23rd June 2001	16th June 2001	23rd June 2001	16th June 2001	23rd June 2001
Nurofen tablets 16s	1.14	1.14	1.65	2.29	1.14	1.14
Anodin Extra 16s	2.15	2.15	1.28	1.08	1.29	1.29
Rennie 24s peppermint	1.26	1.26	1.69	1.69	1.19	1.19
Benylin Chesty Cough 125ml non-drowsy	2.71	2.71	3.39	3.39	3.40	3.40
Sanatogen Gold A-Z 90s	4.98	4.94	9.99	9.99	4.98	4.98
Colpol Sugar Free 10X5ml sachets	1.37	1.37	2.75	2.75	2.75	2.75
Vicks Vaporub 50g	2.99	2.99	2.99	2.99	2.99	2.99
E45 cream 50g tube	1.85	1.85	1.89	1.89	1.85	1.85

A weekly review of data from Information Resources, which shows how key grocers are reacting to the abolition of RPM

Scholl steps forward

SSL International is supporting its Scholl footcare range with a TV and press advertising campaign targeting health and body conscious women.

The campaign is designed to promote the positive wellbeing benefits of footcare and the need for specialist footcare products.

It features different Scholl ranges in a series of lifestyle advertisements focusing on foot skincare, odour and tired, aching feet and legs.

The TV commercial is on air until August 5 whilst the press advertising will appear in women's magazines until October.

The campaign is part of a £3 million marketing programme that includes sampling via health clubs, gyms and sports and lifestyle events.

SSL International plc.
Tel: 0161 654 3000.



ON TV NEXT WEEK

Anadin Ultra: All areas

Aqua Protect plasters: All areas

Beconase Hayfever: U

Clearasil: HTV, CTV, W, M, LWT, CAR, C4

Daktarin Gold: C4, C5, ITV, Sat

Lloydspharmacy: C, W

Magicool: B, G, Y, M, TT, GMTV

Panadol: U

Regaine: Sat

Scholl: C, CAR, W, U

Wella Vitality: All areas except GMTV, TSW

Witch Skincare: All areas

Pharmasite for next week: Clarityn – Window, Clarityn – In-store,

Canesten Hydrocortisone – Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

IN BRIEF

Coty gets beauty licked

Coty is developing a fragrance and cosmetics line in partnership with confectionery company Chupa Chups SA.

Coty (UK) Ltd.

Tel: 020 8971 1300.

Winning smile

Broun Oral-B is supporting its new 3D Excel Power Toothbrush with a PR campaign featuring the winning smile of TV presenter Cat Deeley. The campaign aims to "reposition oral care from out of the dentist's chair and into the make-up bag".

Braun UK Ltd.

Tel: 020 8560 1234.

Cystitis action

Roche Consumer Health, manufacturer of Cystopurin, is sponsoring Cystitis Action Week from September 24-30 to highlight what people can do to treat the condition and help prevent it from recurring.

Roche Consumer Health.

Tel: 01707 366000.

Lil-lets distributor

Accontio Health & Beauty, manufacturer of Lil-lets, Simple, Wrights and Cidal, has appointed Chemist Brokers to represent the company in UK independent pharmacies. Chemist Brokers will provide a transfer ordering service on the UK mainland via the pharmacist's nominated wholesaler.

Accantia Health & Beauty Ltd.

Tel: 0121 327 4750.

Canesten on TV

Boyer is supporting its Canesten. Once with a seven week £1.3 million TV, radio and press campaign this summer.

Bayer plc.

Tel: 01635 563000.

MAM number

MAM UK's telephone number was published incorrectly in last week's C&D. The correct number is: 020 8943 8880.

With the election over, and Tony Blair re-installed in Downing Street, medM director **Darrin Baines** discusses how the PM's wish for a third term of office will affect his plans for the NHS

Give us a clue...

Cluedo is one of the best selling board games in the world. Every year, more than 5 million units are shifted from sellers' shelves. Since its launch in 1949, the game has sold over 150 million copies worldwide.

The product is popular because it directly appeals to our human desire to pursue mysteries and to search for the truth. Few people can resist the challenge of deducing whether Colonel Mustard, the Reverend Green or one of their cronies murdered Dr Black in the hall, kitchen or library, with a rope, spanner or knife.

The game is loved because it allows us to fulfil our fantasies of being wise old detectives like Miss Marple or Sherlock Holmes. Therefore, to add some intrigue and excitement to your day, I challenge you to solve the mystery - using the clues below - of what will happen to your working life next time the Government throws the NHS policy dice.

Ambitions for Britain

Tony Blair is ambitious, and this gives us our first clue. The Labour leader's aspirations for the country were spelt out in his party's election manifesto.

In this pre-election policy document, Mr Blair clearly stated he wants world class public services before the end of his second term. In relation to the health service, he proclaimed: "The NHS has to earn the confidence of each new generation. It has to change the way it works..."

In other words, "if the NHS doesn't pull its socks up, Labour won't win a third term".

Logic suggests that enormous pressure will be placed upon the health service - and its employees - to deliver the radical changes necessary for a Labour victory at the next general election. This suggests a major overhaul of the NHS is just around the corner.

Action, not initiatives

The next clue in our pharmacy mystery tour relates to the national plan launched by the Government a few months before the election. After



The axeman cometh: Tony Blair will be under intense pressure to deliver on pre-election promises

years of waiting, has the pharmacy programme fallen flat?

During a speech made to the British Association of Medical Managers (BAMM) on June 13, Alan Milburn, the health secretary, said that delivering real change for patients is the Government's top priority for the post-election NHS.

Mr Milburn put the Government's position very clearly: "Reform cannot be an optional extra... it is reform that is the key to the improvements that we want to unlock in the NHS."

However, Labour did not plan an avalanche of new initiatives to achieve its goal, he said, but intended to focus primarily on implementing the policies already listed in the national plan.

This gives us a clue that new ideas will not be sought in order to improve the operation of the NHS.

For community pharmacists, this means the policies outlined in "Pharmacy in the Future" will still be on the Government's reform agenda.

Pharmacy futures

Our final clue relates to the issue of who is going to implement the initiatives outlined in the national pharmacy programme.

For now, it seems independents and retail chains have few incentives to champion the proposed changes as these have the potential to disrupt the ways they do business, increase their running costs and sever the link between dispensing and NHS fees.

Local pharmaceutical committees, on the other hand, are well positioned to introduce local reforms. However, their numbers will be reduced from 99 to 30 to coincide with the introduction of strategic health authorities just when the Government needs these local bodies most.

Consequently, movement on the new agenda may be left to a cadre of local enthusiasts, academics, trust employees and national trade and professional bodies.

Indeed, during his speech at BAMM Mr Milburn declared his support for the evolution of new breeds of "public sector entrepreneurs".

He declared these new change-makers should be encouraged to fight against the "coalition of eternal pessimists - on both left and right - who view reform of the NHS as either a threat to the system or as being doomed to failure".

If his vision becomes a reality, you may soon find yourself stalked by a new breed of health service assassin - the "pharmacy future entrepreneur" - who demands immediate implementation of the Government's reform agenda, regardless of its implications for pharmacy as a profession or trade.

Murder he wrote

In the words of Hercule Poirot, we've seen the evidence, and now it's time to exercise our "little grey cells".

When confronted by the clues, the immediate future for the NHS seems clear: enormous pressure will soon be placed on the whole health service to hastily deliver voter friendly, election winning reforms.

In relation to your profession, it seems Mr Blair and his henchmen will use pharmacy future entrepreneurs to quickly kill off those amongst you unwilling and unable to swiftly deliver its ambitious programme for change.

Therefore, it's elementary, my dear... what's on the Government's agenda for pharmacy will split the profession into those for - and those against - the Prime Minister's new game.

Details of the medM's workshops and conferences on pharmacy policy and practice are available on medm.co.uk

Western Union Boosts Profits for Pharmacies

Being a successful retailer in the 21st century is all about adapting to the changing needs of consumers.

Their nature is one that demands efficiency which is measured by the retailer's ability to offer as many products and services as they can underneath one roof. Not only will exploring new avenues in customer services bring additional business to your shop, it will also add a new source of profit.

One increasingly popular service is Western Union money transfer. Generating over £3.6 billion in global revenue last year, Western Union is the world's largest instant money transfer company. With a wide customer profile spanning from tourists and young travellers requiring emergency funds at home or abroad, to UK residents regularly sending money to support relatives abroad, it is no wonder that annual transaction volumes are increasing in their millions.

In the UK, nearly 2000 retailers (including 100 pharmacies) have already discovered the benefits of becoming a Western Union agent. In fact, Western Union's two most profitable agents in the UK are pharmacies!

Offering the Western Union service is a natural extension of pharmacies bringing the local community closer together. Central Pharmacy in Strathclyde has offered Western Union for over 11 years. Linda O'Connor the pharmacy's beautician specialist says, "Over the years, local banks have often sent in their distressed customers.

People see the Western Union sign, come in and ask about the service and have been amazed at how quick and simple it really is."

Owner of Central Pharmacy, Gavin McLaren, saw the benefits that offering the Western Union service would bring to his shop, "Western Union is an easy system to operate and is excellent for using surplus staff time and attracting new customers. Western Union has increased my footfall and has become an important service in my local community."

Transferring money with Western Union is a very simple process - the customer visits a shop providing Western Union, fills in a short form and hands the retailer the cash and the service charge. The retailer makes a FREEFONE call to the customers.

Western Union Customer Service Centre, relays details of the transaction thus allowing for the funds to be available for collection at any one of Western Union's 101,000 locations in 200 countries worldwide. Agents with high transaction volumes would send directly from their PC.

Commission is an attractive incentive to shopkeepers - Western Union pays an average commission of £5 per transaction, but there are numerous benefits to offering the service. For example:

- * No financial investment is needed
- * There is no financial risk to your outlet
- * No storage space is required
- * Association with the world's largest and most respected money transfer brand
- * 24 hour support from Western Union
- * A very quick and easy service to use - each transaction takes approximately five minutes
- * Increased footfall
- * Increased customer loyalty

Western Union provides full support for its new agents and ensures that as well as complete in-store personal training for agents, each shop is supplied and installed with the latest equipment and POS.

Becoming a Western Union agent is easy - simply call Western Union on: 020 8741 3639 and ask to speak to the Sales Co-ordinator, who will help with your application.



Left to right: Melanie Hopgood and Linda O'Connor, Central Pharmacy

WESTERN UNION | MONEY TRANSFER®

PHARMACYupdate

Body basics

Fawz Farhan, visiting lecturer in pharmacy at King's College, London, begins a series of features that give an overview of the physiology and function of the human body with an explanation of the physiology of the heart

The cardiovascular system is a complex and intricate transport system that nourishes every cell of the body with the nutrients and oxygen necessary for function. This transport system also acts as a drainage network, removing waste products and returning them to the liver or lungs to be excreted. This sophisticated transport system serves another purpose and that is facilitating the immune system, the body's defence mechanism.

Lets start by looking at the heart (further articles will look at the blood and lymphatic circulation, blood components and immune mechanisms).

The heart is a muscular organ that drives the circulation of blood, and hence the distribution of oxygen and nutrients and removal of waste in the body. The heart is often referred to as a "double chamber" with the left and right side working simultaneously to pump blood around the body.

The right side of the heart is responsible for the pulmonary circulation which carries deoxygenated blood via the lungs, where it is oxygenated and brought back to the heart. The left side is responsible for the systemic circulation which pumps the oxygenated blood returning from the lungs to the rest of the body.

Anatomy

Heart wall – the heart wall is divided into three components:

- endocardium: an inner, smooth membrane
- myocardium: a middle layer of cardiac muscle (myofibrils)
- epicardium: an outer membrane

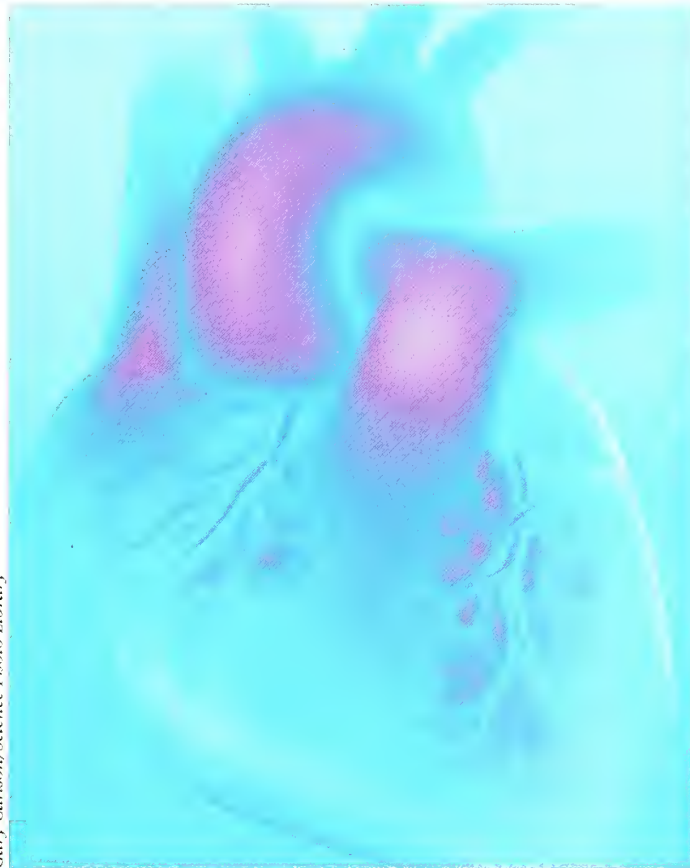


Illustration of a healthy human heart

which also forms part of the fibrous sac that envelops the whole heart. They are collectively called pericardium.

The myocardium forms the bulk of the heart wall. The myofibrils are specialised muscle cells which are branched, striated and interconnected to form a network that allows easy transfer of the electrical impulse, the action potential.

Heart chambers – the heart is a hollow organ and is composed of

four chambers. The left and right sides are separated by a continuous dividing wall called the septum. The four chambers are:

- the right atrium
- the right ventricle
- the left atrium
- the left ventricle

The ventricles have thicker walls than the atrium because they have to pump blood out of the heart. The left ventricle has the thickest walls because it needs enough



Body basics: the heart

An overview of the physiology of the heart



Male testosterone therapy

When is hormone therapy for men to be used?



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1205), HAS BEEN ACCREDITED BY THE COLLEGE OF PHARMACY PRACTICE AND IN CONJUNCTION WITH THE QUESTION PAPER BEING PUBLISHED IN C&D ON AUGUST 11 PROVIDES ONE HOUR OF CONTINUING EDUCATION

OBJECTIVES

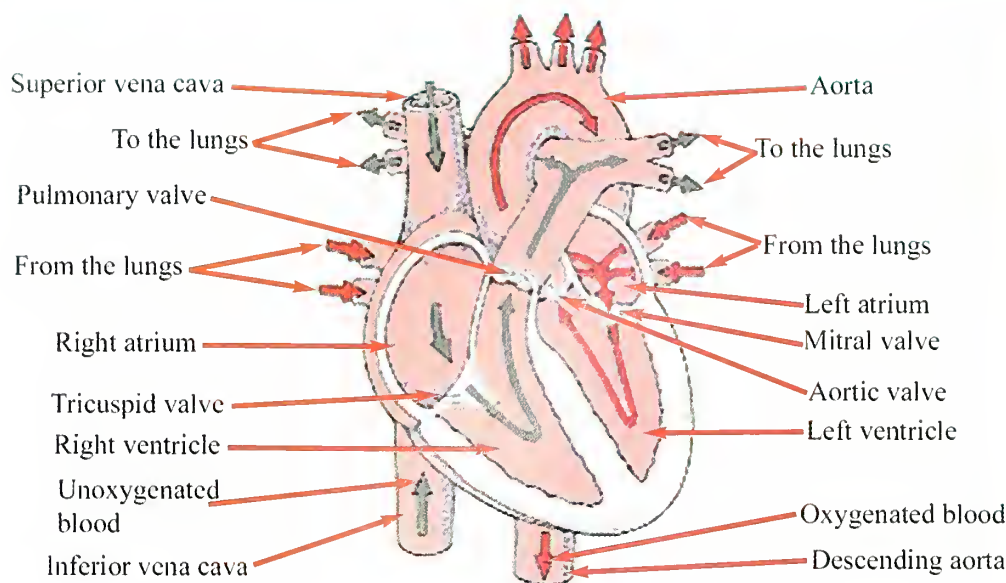
- To understand the function of the heart within the cardiovascular system
- To know the anatomy of the heart
 - To be aware of the investigative tests that can be used to measure cardiac function
 - To know the disease conditions which can affect cardiac function
 - To be aware of how the cardiac cycle is controlled

force to push the blood to the upper and lower body.

Heart valves – Four one-way valves separate the chambers and prevent back flow of blood when the heart contracts. The valves are:

- the tricuspid (right atrioventricular) valve separates the right atrium and right ventricle
- the pulmonary (semilunar) valve is found between the right ventricle and the pulmonary artery taking blood to the lungs
- the bicuspid (mitral or left atrioventricular) valve separates the left atrium and the left ventricle
- the aortic (semilunar) valve is

Continued on P11 →



Continued from PI

found between the left ventricle and the aorta which feeds the systemic circulation

Function

Systemic and pulmonary circulation – the right atrium is fed by the inferior vena cava (which brings blood from the internal organs and legs) and the superior vena cava (which brings blood from the head and arms). The blood leaves the right ventricle through the pulmonary artery to the lungs. The left atrium is fed by the pulmonary veins bringing oxygenated blood back from the lungs. The blood leaves the left ventricle through the aortic arch to reach the rest of the body.

Coronary circulation – the heart, like any other organ in the body, needs to have a blood supply to provide it with oxygen and nutrients and to remove waste. This system is called the coronary circulation and consists of the right and left coronary arteries which

feed out from the aorta into the heart muscles, and the coronary cardiac veins which feed out of the heart into the coronary sinus and back to the right atrium. The blood flows into the cardiac muscle when the heart relaxes. It is this system that is affected in coronary heart disease.

Cardiac cycle – this refers to the sequence of heart contraction and relaxation that drives the blood flow around the body. At rest, each cardiac cycle lasts about 0.8 seconds. The cycle starts with:

- diastole: the heart is at rest, allowing the blood to flow into the atria and ventricles. This is followed by:
- atrial systole: on active phase when the atria contract to pump blood into the ventricles. This is followed by:
- ventricular systole: the ventricles contract and pump blood into the aorta and pulmonary arteries. The cycle returns to the diastolic phase.

Electrical conduction – the cardiac cycle is controlled by an electrical conduction system. The focal points for the current are in the sinoatrial (SA) node, the atrioventricular (AV) node and the bundles of His.

The SA node, which contains the pacemaker cells, determines the heart rate (sinus rhythm) and is the initial point of stimulation by the autonomic nervous system. When the SA node is stimulated by acetylcholine released by the vagal fibres, the threshold for firing the electrical stimulation is reached later and so the heart slows down. Stimulation by noradrenaline released by the sympathetic system increases the heart rate and the force of contraction.

Once the SA node has been stimulated by the autonomic system, the following conduction pathway occurs:

- the SA node generates an electrical impulse that begins the heart beat

- the impulse (excitation wave) spreads to both atria causing them to contract

- the AV node is stimulated. An electrical impulse travels through it although this is at a slower pace to that in the SA node. This lag phase allows time for the atria to complete their contraction and for the ventricles to fill with blood

- the electrical impulse from the AV node reaches the bundles of His and spreads to the ventricular walls which then contract

Cardiac output – the heart can control the strength of contraction and hence the volume flow of blood around the body. The larger the volume of blood entering the heart in each cycle, the more stretched the heart walls become. This stimulates the heart to contract with greater force. During exercise, more blood enters the heart so the heart needs to contract with greater force to push this increased volume out of its chambers. At rest, less volume enters the heart so the contraction becomes less forceful. Cardiac output refers to the volume of blood that is pumped out by each ventricle in one minute. The average cardiac output is calculated (at rest) as follows:

$$\text{Cardiac output (l/minute)} = \text{stroke volume (ml/beat)} \times \text{heart rate (beats/minute)}$$

The cardiac reserve refers to the reserve of strength that the heart has to cope with exertion. The cardiac output can double in mild activity and rise by four or five times during strenuous exercise compared to cardiac output at rest.

This cardiac reserve varies according to health and fitness level: athletes can have cardiac reserves reaching seven times their resting cardiac output; people with heart disease may have little or no cardiac reserve which is why they have difficulty coping with exertion.

Investigative tests

● Stethoscope

This is used to listen to the heart sounds. A lot of information can be gained from this method, including heart murmurs which can indicate valve disorders. The first heart sound is produced by the closure of the mitral and tricuspid valves; the second heart sound is produced by the aortic valve closure followed by the closure of the pulmonary valve; the third heart sound is produced by rapid ventricular filling when the tricuspid and mitral valves are open; and the fourth heart sound is produced by the ventricles filling followed by the atrio contracting and occurs before ventricular systole.

● Catheterisation

A thin tube is passed through a blood vessel in the arm or groin into the heart. Blood samples and pressure readings can be taken along the way. Dye can be injected into the coronary artery to assess damage to the vessels.

● Electrocardiography

Defects in the electrical conduction of the cardiac cycle can be detected by an electrocardiogram (ECG). The ECG measures the electrical currents produced by the depolarisation and repolarisation of the cardiac muscle cells through the surface of the skin. A typical measurement is taken by attaching electrodes on the right and left arm. The ECG tracing will consist of a series of waves. The P wave indicates activity of the atria. The QRS and T waves indicate the activity of the ventricles. Changes in the waves and the intervals between them are used to diagnose heart damage and arrhythmias.

● Echocardiography

Ultrasound waves are sent to the heart from the surface of the chest. These bounce back and are traced on an oscilloscope which gives an indication of the size and shape of the heart structures, cardiac function and heart defects.

● Chest X-ray

Cardiac structures and vessels can be seen. The X-rays also indicate heart size, specific chamber enlargement, and calcification resulting from tissue degeneration.

Disease

Disease occurs when the physiology and function of the heart is disrupted. This can be classified under the following headings:

Coronary artery disease – angina

Continued on PIV

This series aims to give community pharmacists a revision of the basic physiological principles that were studied at university. You can use this knowledge as a platform for understanding disease pathology and management and for providing better support and counselling to patients.

Other features in the series will be:

- respiratory system
- metabolism and excretion
- central nervous system
- movement and support
- endocrine system
- reproductive system
- skin
- eyes
- ear, nose and throat

DESCRIBING INFORMATION

Refer to Summary of Product Characteristics before prescribing.

SYMBICORT® 100/6 TURBOHALER® SYMBICORT® 200/6 TURBOHALER® (budesonide/eformoterol)

Presentations: Dry powder inhaler. **Symbicort 100/6 Turbohaler:** Each inhalation containing metered doses equivalent to 100mcg budesonide Turbohaler and 6mcg eformoterol Turbohaler. **Symbicort 200/6 Turbohaler:** Each inhalation containing metered doses equivalent to 200mcg budesonide Turbohaler and 6mcg eformoterol Turbohaler.

Uses: Treatment of Asthma where the use of a combination inhaled corticosteroid and long acting beta-agonist is appropriate. Symbicort 100/6 Turbohaler is not appropriate for patients with severe asthma. **Dosage and Administration:** **Adults (including elderly):** 1-2 inhalations twice daily. Not intended for the initial management of asthma. Dose should be individualised. If an individual patient requires dosages outside recommended regimen, appropriate doses of beta-agonist and/or corticosteroid should be prescribed. When symptoms are controlled, titrate to the lowest effective dose, which could include a once daily dosage. **Adolescents/Children:** Not recommended. **Contra-Indications, Warnings and Precautions etc.:** **Contraindications:** Hypersensitivity to budesonide, eformoterol or inhaled lactose. **Warnings and Precautions:** If treatment is ineffective or there is a worsening of the underlying condition, therapy should be reassessed. Sudden and progressive deterioration in control requires urgent medical assessment. Patients should have their rescue medication available at all times. Therapy should not be initiated during an exacerbation. As with any inhaled corticosteroid, systemic effects may occur particularly at high doses prescribed for long periods. Caution when transferring patients from oral corticosteroids or in a situation likely to reduce stress (e.g. elective surgery). Observe caution in patients with thyrotoxicosis, phaeochromocytoma, diabetes mellitus, untreated hypokalaemia, or severe cardiovascular disorders. As with other beta₂-agonists, hypokalaemia may occur at high doses. Particular caution recommended in acute severe asthma as this effect may be potentiated by xanthine-derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels. Hypokalaemia may increase the disposition towards arrhythmias in patients taking digitalis glycosides. In diabetic patients, consider additional blood glucose monitoring.

Interactions: Concomitant treatment with ketoconazole or other CYP3A4 inhibitors should be avoided. Not to be given with beta adrenergic blockers (including eye drops) unless there are compelling reasons. Concomitant administration with quinidine, disopyramide, procainamide, phenothiazines, antihistamines (terfenadine), MAOIs and TCAs can prolong the QTc-interval and increase the risk of ventricular arrhythmias. L-Dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance. Concomitant administration with MAOIs including agents with similar properties such as razolidone and procabazine may precipitate hypertension. Risk of arrhythmias in patients receiving anaesthesia with halogenated hydrocarbons. **Pregnancy and Lactation:** Should only be used when the benefits outweigh the potential risks. **Side-effects:** Side effects include headache, palpitations, tremor, candida infections in the oropharynx, coughing, hoarseness, tachycardia, muscle cramps, agitation, restlessness, nervousness, nausea, dizziness, sleep disturbances, skin rash and pruritus. Very rarely, psychiatric symptoms, hypersensitivity reactions, angina pectoris, hyperglycaemia, taste disturbance and variations in blood pressure. As with other inhalation therapy, paradoxical bronchospasm may occur in very rare cases. **Basic NHS Price:** Symbicort 100/6 Turbohaler: £33.00 Symbicort 200/6 Turbohaler: £38.00 **Legal Status:** POM. **Product Licence No.:** Symbicort 100/6 Turbohaler: PL 17901/0091 Symbicort 200/6 Turbohaler: PL 17901/0092. **Name and address of Product Licence Holder:** AstraZeneca UK Ltd, Home Park, Kings Langley, Herts WD4 8DH.

Date of Preparation: May 2001. Symbicort and Turbohaler are registered trade marks of the AstraZeneca group of companies. For further information contact AstraZeneca UK Ltd, Home Park, Kings Langley, Herts, WD4 8DH. AstraZeneca Freephone 0800 783 0033. SYMB 01 8807

AstraZeneca

It could change the way you look at asthma therapy

Symbicort's maintenance dose can be adjusted* up or down to match the fluctuations in a patient's chronic asthma symptoms – without the need to prescribe a new inhaler.

*Please refer to the Summary of Product Characteristics. (1-4 inhalations daily - maximum of 2 inhalations taken od or bd).

Symbicort®

budesonide/eformoterol

Adjustable maintenance therapy. You've got it in one.

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Adjustable maintenance therapy. You've got it in one.

Continued from P11

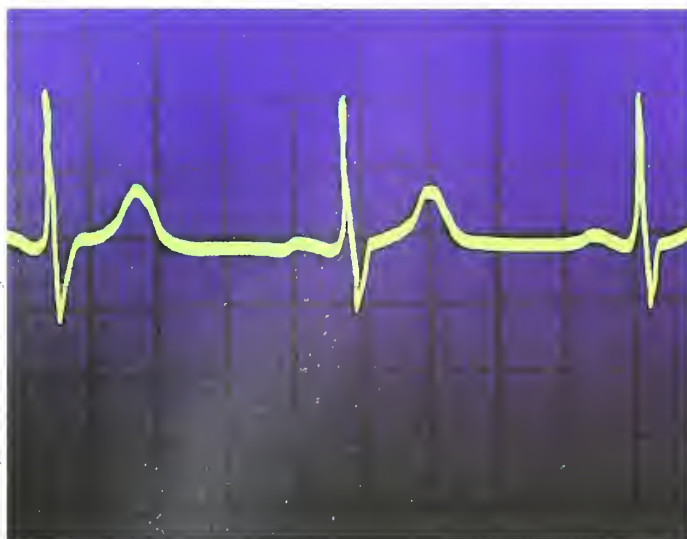
pectoris and myocardial infarction are the most important and commonly occurring diseases of the heart. Angina is a result of oxygen shortage to the heart muscles and is caused by inadequate blood flow to the coronary artery, but can also be caused by hypertension, valvular disease and anaemia. In stable angina, symptoms appear on exertion, but fade at rest; in unstable angina, symptoms are often a result of vasospasm or plaque rupture and will appear even at rest. Myocardial infarction (MI) occurs when the blood flow in the coronary artery is blocked. This prevents blood reaching the surrounding cardiac muscle and leads to a deficiency in oxygen and nutrients (ischaemia) and tissue death. Blockage can be caused by a blood clot in the coronary artery or by coronary artery constriction.

Heart failure – heart failure is a result of tissue degeneration which weakens the heart and reduces its function. As a result, it is a common disease of old age. Heart failure can affect the left side of the heart, known as left ventricular failure (LVF), or the right side, known as right ventricular failure (RVF). If both sides are affected, the condition is called congestive heart failure. Coronary arteriosclerosis, hypertension and rheumatic heart disease tend to affect the left side of the heart while RVF tends to be caused by lung diseases such as emphysema, bronchitis and emphysema, and LVF itself.

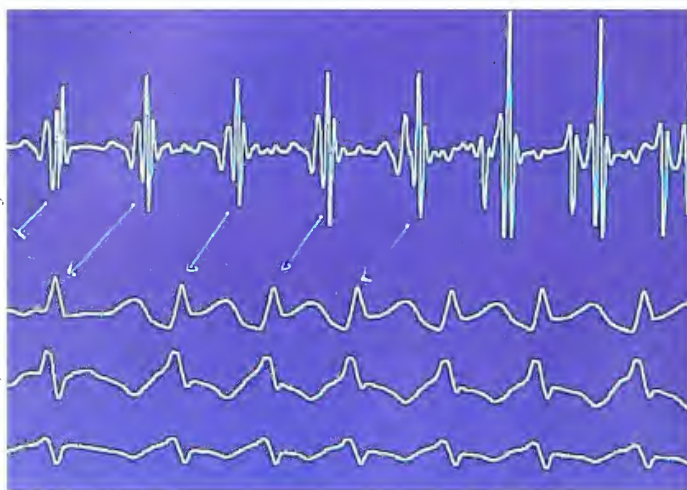
Other diseases which can lead to heart failure include myocardial disorders, valvular heart disease, anaemia, hypertension, arrhythmias and hyperthyroidism.

Arrhythmias – irregularities in heart rhythm – can be caused by:

- a different part of the heart taking over the role of pacemaker, for example the AV node
- a block in the transfer of electrical impulses between atria and ventricles. This leads to a condition called heart block. This can be caused by ischaemia, inflammation or scar tissue. An artificial pacemaker may be fitted.
- impulses moving backwards and forwards over the same part of



Electrocardiogram (ECG) trace of a healthy heartbeat. ECG traces measure the beating of the heart as a series of waves



ECG indicating atrial tachycardia, or fast, random beating of the heart's upper chambers

the myocardium. This results in uncoordinated and ineffective contraction, also known as fibrillation. Atrial fibrillation is the most common form of fibrillation and is characterised by irregular twitching of the atria which disrupts the ventricular rhythm and leads to a pulse with an irregular rhythm and force. Atrial flutter is less pronounced than the latter and is characterised by co-ordinated but rapid twitching of the heart. In ventricular fibrillation, the ventricles do not contract properly and so the cardiac output drops, leading to rapid death.

Arrhythmias can also refer to

changes in heart rate. Bradycardia is a slow heart rate such as at rest. It is also a side effect of certain drugs (eg cardiac glycosides, beta-adrenoceptor blockers) or a symptom of illness (eg post-MI, infection, raised intracranial pressure). Tachycardia is a fast heart beat such as after exercise or emotional disturbance; it is also a result of other disease (eg congestive heart failure, hypotension) and excess caffeine, tobacco and anticholinergic drugs. **Inflammatory disease** – this is inflammation of the different tissue layers of the heart. Endocarditis refers to the inflammation of the

inner lining of the heart, particularly the valves. Myocarditis affects the cardiac muscles while pericarditis affects the layer of the heart and the sac holding the heart.

Congenital heart disease – this refers to heart defect at or before birth. The most common problem is a hole in the wall separating the ventricles. Other defects include a hole between the atria, narrowing of the arteries and the persistence of the foetal circulation. "Blue baby" syndrome is caused by poor oxygenation of blood due to a combination of congenital defects. Heart surgery has been very successful in treating congenital defects. Drugs that inhibit prostaglandins are used to close the ducts involved in foetal circulation.

Rheumatic heart disease – streptococcal infections generate an antibody response and this can sometimes attack the heart valves, making them swell, thicken and harden so that normal blood flow is interrupted. Early treatment with antibiotics is necessary to prevent the development of rheumatic heart disease.

Valvular heart disease – this can affect the mitral, aortic and tricuspid valves. The valves can either be affected by stenosis (narrowing) or regurgitation where the valves do not tighten sufficiently and back flow of blood results. This is caused by rheumatic heart disease, valve calcification, endocarditis, congenital abnormalities and systemic lupus erythematosus.

ACTION PLAN

1. In your practice workbook, draw a four-column table, and list the seven categories of primary heart-related circulatory diseases in the first column.
2. Against each heading in the second column, insert at least two symptoms a patient may present to either you or the doctor.
3. In the third column, list a few drugs to treat these symptoms.
4. In the final column, note any advantages/disadvantages/side actions/contraindications/other practice comments you have about the drugs.

PHARMACYupdate distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 11 issue,

which will cover this week's CPP-accredited modules, together with those in the July 21 issue.

The MCQ paper for the June modules will be enclosed in next week's C&D covering:

- Coronary heart disease (1202)
- Ear complaints (1203)

- Dry skin conditions (1204).

A faxbook service for these modules and associated MCQs operates on 08705 441188 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with



GENUS PHARMACEUTICALS

Testing testosterone

Male testosterone therapy is now widely available on prescription, but when should it be used and are there any side effects? Dr Mike Mead offers some answers

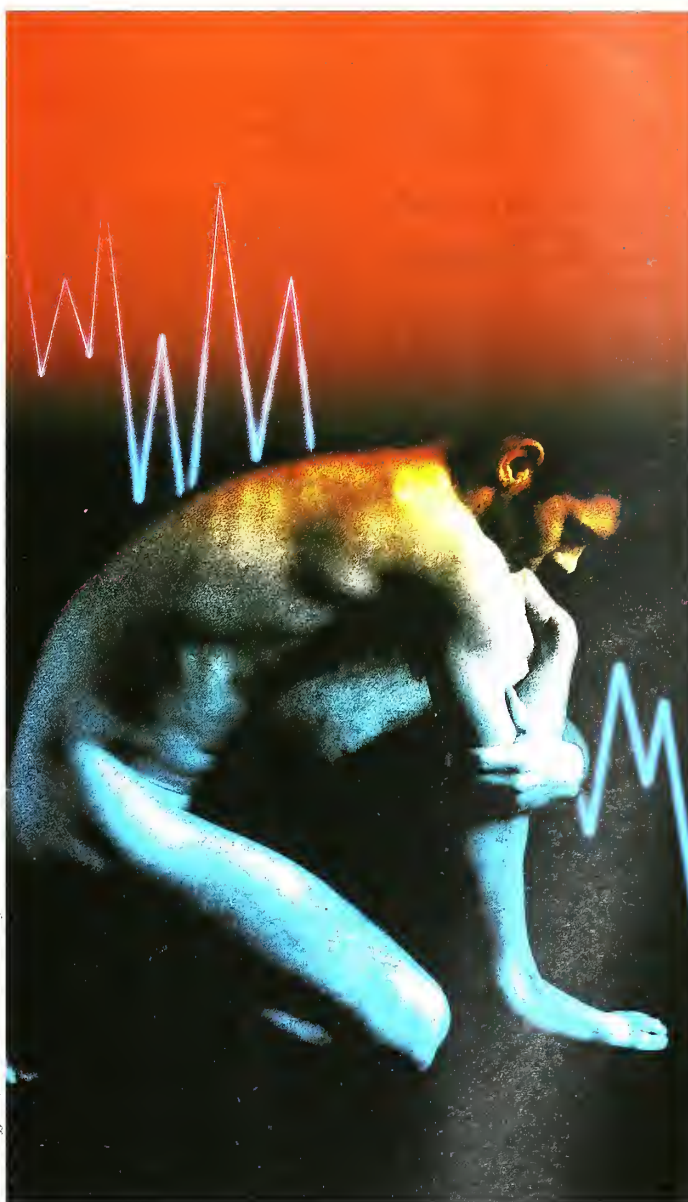
Does the male menopause exist?

Not really. Testosterone levels fall slowly with age in men, the rate of fall being variable from patient to patient. Unlike women, where there is a menopausal change with a hormone decline over two to three years at about age 51, in men there is no such sharply defined age-related hormone reduction.

Does testosterone deficiency cause any symptoms?

Yes, it can. Again, symptoms vary from patient to patient and are not as circumscribed as symptoms due to oestrogen deficiency. Nevertheless there is a symptom pattern associated with testosterone deficiency, including sexual dysfunction (loss of libido, erectile dysfunction, problems with ejaculation, poor sperm production), reduction of facial and body hair, dry skin and reduced muscle mass. You can get psychological effects, including poor cognition/concentration and a non-specific tiredness, much akin to the tiredness associated with a true depressive illness. Part of the tiredness with testosterone deficiency may also result from reduced muscle power and physical stamina. Testosterone deficiency may also be associated with a mild anaemia. Distinguishing depression from testosterone deficiency can be difficult but, as testosterone deficiency is an uncommon cause of symptoms, think depression (and, indeed other physical illnesses) first if a middle-aged man has tiredness, lack of concentration and poor intellectual functioning.

Finally, deficiency of testosterone in men is a risk factor for osteoporosis analogous to oestrogen deficiency in women.



David Gifford/Science Photo Library

Male testosterone levels fall with age and this can lead to infertility and loss of libido

What causes testosterone deficiency?

Apart from age-related deficiency, there is a host of causes. Many are quite rare – congenital disorders

(like Klinefelter's syndrome) or rare diseases of the hypothalamus or pituitary. Testicular atrophy or removal is a more common cause and some drugs, such as spironolactone, can be associated



THE COLLEGE OF
PHARMACY PRACTICE

THIS COURSE (MODULE 1206),
HAS BEEN ACCREDITED BY THE
COLLEGE OF PHARMACY PRACTICE
AND IN CONJUNCTION
WITH THE QUESTION PAPER
BEING PUBLISHED IN C&D ON
AUGUST 11 PROVIDES ONE
HOUR OF CONTINUING
EDUCATION

OBJECTIVES

- To recognise the symptoms of testosterone deficiency in men
- To appreciate how common testosterone deficiency is and how it is diagnosed
- To understand how testosterone therapy can be delivered and when it is contraindicated
- To be able to counsel patients receiving testosterone therapy

with a deficiency. We must also remember testosterone deficiency is secondary to systemic diseases, like heart failure, kidney failure, cirrhosis and thyrotoxicosis. One of the commonest causes seen in practice is chronic alcoholism.

How can you make a diagnosis?

The diagnosis is made on the basis of blood tests. If you are taking serum testosterone levels there are several points worth noting:

- Testosterone levels are highest in the morning – you need to take a 9am level, not one later in the day (there is a trough in late afternoon/early evening).
- Although a single test might serve as a screen, if you are seriously considering treatment you need more than one test because readings can vary.
- It is free testosterone that is active, whereas most testosterone is actually bound to a protein, sex hormone binding globulin. You may need to measure free testosterone levels in specific patients when deciding on therapy.
- Laboratories may use different ranges for the test.

With all the above considerations, it is generally advisable to understand what your own local laboratory measures and how it reports the result. A low

Continued on PVP

Continued from PV

testosterone level is usually set at a level less than 10nmol/l, with levels about 12-13nmol/l being borderline low.

How common is testosterone deficiency?

If you take a level of <10 nmol/l as low, then over 20 per cent of men over age 65 are testosterone deficient¹. In the age group 40-60 about 7 per cent fall into the low testosterone category. It must, however, be emphasised that these patients have a chemically low serum testosterone, but not necessarily symptoms that might benefit from treatment.

Can you guess clinically whether a patient is testosterone deficient?

Not really. Clearly you can if the patient already has a known diagnosis, like Klinefelters syndrome, or has had a major testicular or pituitary problem. There are clinical pointers, such as sexual dysfunction (although this can, of course, have many causes) and reduced growth of facial, body and pubic hair, but these are not sufficient to make a diagnosis of age-related testosterone deficiency. Conversely, a patient with normal sexual functioning, spontaneous erections during sleep and on waking, and who is shaving regularly with good body hair growth is unlikely to be testosterone deficient.

Does testosterone therapy protect against heart disease or osteoporosis?

There is no evidence for protection against heart disease but investigators are examining the role of testosterone replacement in male osteoporosis. In the future this may be an indication for therapy².

Are there any major differences between the different ways of giving testosterone therapy?

Yes. It is difficult to get consistent blood levels of testosterone using oral tablets/capsules, with unpredictable peaks of serum level occurring within hours of ingestion³. Injections may be needed every three weeks and fluctuations of testosterone level are a problem with injection therapy, particularly the initial testosterone peak occurring shortly after injection. Seven per cent of patients find intramuscular injection of testosterone painful and 15 per cent experience bruising and bleeding³.

Testosterone levels fall before the next implant is given and implant insertion is a procedure requiring specific skills. Extrusion or infection at the site of insertion occurs in 5-14 per cent of patients³. Patches give the most consistent testosterone levels and discrete body patches applied to clean, dry, unbroken skin are popular methods of testosterone use.

Are there any contra-indications to using testosterone replacement therapy?

The contra-indications include prostate and male breast cancer and a history of primary liver tumours. There is a range of special precautions, including cardiac, hepatic and renal disease. The precautions are at least partly a reflection of the fact that testosterone treatment can cause sodium and water retention with oedema. Testosterone can also cause cholestatic jaundice.

How would you counsel a patient starting testosterone replacement therapy?

There are five areas to discuss (assuming a definite diagnosis of testosterone deficiency has been made):

- Brief check on any possible contra-indications – cancers, heart, kidney and liver problems
- Brief check on any possible interacting medicines – warfarin and antidiabetic agents (see below)

- Brief explanation of any possible side effects (see below)

The issue of prostatic stimulation has to be handled with care – the emphasis should be on ensuring the patient has his prostate “checked” before starting and has a regular check afterwards. It is important to stress that we are, in fact, trying to return their testosterone levels to normal (in which case, of course, side effects should not be an undue consideration).

- A brief explanation of possible benefits, such as improved sexual function (libido, erections etc), more energy/stamina, improved mental functioning, improved skin texture. Benefits should occur within the first two months of use.
- Counselling on the need for follow-up (see below).

What are the side effects of testosterone replacement therapy?

Again, a whole range is listed. In addition to headache, seborrhoea, acne, nausea, pruritus, rash, priapism and hair loss, there is a rare association with liver tumours

(although this is only after prolonged high dose of oral testosterone preparations that are not used in this context today). Gynecomastia is another side effect. Obstructive sleep apnoea has been reported in patients on testosterone replacement therapy. Caution is advised if using testosterone in cancer patients at risk of hypercalcaemia due to bony metastases – in which case you need to monitor the serum calcium.

The chief worry for most patients and their doctors is stimulation of the prostate gland, with the possibility of prostatic hyperplasia or promotion of the growth of subclinical prostate cancer. Before starting testosterone replacement therapy you need to do a digital rectal examination and a blood test for prostate specific antigen (PSA) to exclude prostate cancer.

What follow-up will patients on testosterone replacement therapy require?

A standard follow-up is suggested⁴, eventually aiming for six-monthly tests of testosterone levels, liver function tests and PSA (with digital rectal examination), on annual full blood count and total and HDL cholesterol. The latter is advisable because, at least in the first few months of therapy, you may see a slight decline in HDL cholesterol. The full blood count is to look for polycythaemia, which has been seen with some testosterone regimes.

When would you stop testosterone replacement therapy?

Reasons would include: if there was any suspicion of prostatic cancer developing (on digital examination or PSA rising), deterioration in liver function, deterioration in cardiac or renal status (usually as a result of fluid retention), significant side effects.

Are there any drug interactions?

The main drug interaction is with warfarin. Testosterone may also lower blood glucose, so beware if the patient is on hypoglycaemics or insulin therapy. Diabetes is another special precaution for using testosterone replacement therapy. Finally, beware the patient on steroids, as there is an increased risk of fluid retention.

How do you counsel a patient using a testosterone patch?

Many of the patients newly-prescribed testosterone replacement therapy will be using

a patch. There are three choices: ● Andropatch: applied daily to the clean, dry skin of the back, abdomen, upper arms or thighs, rotating the sites used and leaving an interval of seven days before using the same site. It comes in 2.5mg and 5mg patches. The dose is 2.5-7.5mg according to testosterone levels.

● Testoderm: applied once daily to clean, dry, shaved scrotal skin. The dose is one 6mg testosterone patch daily.

● Viormane: applied daily to arm, back or upper buttocks. The dose is one 5mg patch daily, but can be increased to two patches if necessary depending on hormone levels.

Advise the patient to follow the manufacturer's instructions and not to wear the patch during swimming, bathing or showering. The Viormane and Testoderm patches can be removed for up to two hours and then reappplied (if longer than two hours use a new patch). Warn about the possibility of transient itching (in about 10 per cent of patients). A lower percentage of patients will develop a true sensitivity to the patches.

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ACTION PLAN

1. A man tells you his doctor has suggested a course of testosterone and asks “Which method of administration should I go for?” In your practice notebook list the pros and cons for the various methods.
2. Have you dispensed any testosterone patches? Refresh your memory of the counselling you must provide when handing out such products.
3. Consider what you would say if the patient's representative collected the prescription.
4. Develop a protocol to deal with a male patient who asks you about impotence.
5. In your practice workbook list the various symptoms (not signs) which would suggest the male menopause, or at least a drop in the testosterone level such that medical intervention might be of benefit.

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Fruit and vegetables protect against cancers...

Preliminary results from the huge European study of diet and cancer, EPIC, confirm the protective effects of fruit and vegetables against cancers.

Eating a diet rich in fruit and vegetables reduces the incidence of cancers of the colon and rectum, the European conference on Nutrition and Cancer in Lyon, France was told.

Eating about a pound of fruit and vegetables every day, not including potatoes, cuts the risk of throat and gullet cancers by half.

However, the European Prospective Investigation into Nutrition and Cancer (EPIC) found that fruit and vegetables do not appear to protect against stomach and lung cancers.

EPIC began 15 years ago and involves 400,000 people. It clearly confirms the "disastrous effects" of heavy drinking and smoking. Apart from the obvious

effects of tobacco on lung cancer, there is a very strong effect of alcohol and tobacco on cancers of the upper aerodigestive tract (oesophagus and throat). The risk of one of these cancers for someone who smokes more than a pack a day is eight times higher than that of a non-smoker.

And drinking the equivalent of a litre of wine a day will increase the risk of one of these cancers five-fold. Being a heavy smoker and drinker increases the risk 50 times.

There was an increase in cancers of the digestive system including the colon in those who ate a lot of preserved meats, but surprisingly there seemed to be no link between bowel cancer and red meat. Eating poultry was not associated with cancer risk.

About 30 per cent of all cancers are thought to be due to nutritional factors and could be avoided by healthier food, not being overweight and taking exercise.



Fruit and vegetables not only add variety to the diet, but also offer significant health benefits

... while salicylic acid is higher in veggies

Vegetarians have higher serum salicylic acid concentrations than those of non-vegetarians. This may explain the health-promoting effects of a diet rich in fruit and vegetables, according to a study in this month's *Journal of Clinical Pathology*.

Evidence suggests that regular aspirin use reduces the risk of cardiovascular disease as well as the risk of developing colorectal, lung and breast cancer and Alzheimer's disease. This is thought to be due to the anti-inflammatory properties of salicylic acid, aspirin's active metabolite. Salicylic acid is present in fruit and vegetables, with the highest concentrations being found in herbs and spices.

A diet rich in fruit and vegetables is associated with a lower risk of cardiovascular disease and developing colorectal cancer. However, the chemical components of fruit and vegetables that may be responsible for this effect have not yet been identified.

In the study, carried out by

researchers at the Dumfries and Galloway Royal Infirmary, serum samples were obtained from 37 vegetarians, 39 non-vegetarians and 14 patients taking aspirin 75mg.

A drug history was obtained in the vegetarian/non-vegetarian groups to ensure nobody was taking salicylate drugs. Salicylic acid concentrations were determined using a high performance liquid chromatography method with electrochemical detection.

Salicylic acid was found in every serum sample, but in higher concentrations in vegetarians than non-vegetarians. The concentration of salicylic acid in vegetarians was at a level known to inhibit the transcription of cyclooxygenase-2.

If the anti-inflammatory actions of salicylic acid at these concentrations can be confirmed, then dietary salicylates will prove to be one of the reasons why a diet rich in fruit and vegetables protects against colorectal and cardiovascular disease.

New drug for flu prophylaxis reduces complications risk

Osetamivir, an oral neuraminidase inhibitor, has been shown to significantly reduce the risk of secondary complications due to influenza as well as reducing the duration of infection.

Clinical data, presented at the International Congress of Chemotherapy in Amsterdam this week, showed that oseltamivir reduced the incidence of secondary complications requiring antibiotics by 32 per cent in adults.

Oseltamivir, marketed as Tamiflu, is licensed for the treatment of influenza in the USA, Japan, Canada, Switzerland, Australia and many Latin-American countries. In the US it is also licensed for the prevention of influenza in adolescents and the treatment in children aged one or over. Tamiflu is available in capsule or liquid formulation.

Roche applied for a European license for Tamiflu earlier this year, but a spokesman for the company said it was unlikely to be available before the end of this year.

Nifedipine provides additional protection beyond blood pressure lowering

Treating high risk hypertensive patients with nifedipine GITS may be doing more than lowering blood pressure, according to data presented at the European Society of Hypertension.

Primary analysis of the INSIGHT study showed that nifedipine GITS was as effective as diuretic treatment in reducing blood pressure and cardiovascular

events. A sub-study also suggested that nifedipine blocks the progression of intima media thickening (IMT), an early marker for atherosclerosis.

Dr Alain Simon from the Hôpital Broussais, Paris, France, conducted the IMT study, in which two groups of hypertensive patients underwent serial carotid ultrasonography over four years after randomisation.

At baseline there was no difference between the two study groups in carotid artery thickness. But nifedipine treatment was associated with a lower rate of IMT progression, and a lower change from baseline compared with diuretic-based treatment.

Blood pressure reduction was similar in both groups, leading Dr Simon to propose that "the beneficial effect of nifedipine

treatment is due to a direct action of nifedipine on the arterial wall, which may be either anti-atherogenic and/or anti-proliferative".

He concluded that as on early lesion of the arterial wall, IMT could not explain the short-term atherothrombotic cardiovascular events in the study, but could be associated with longer-term protective effects.

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PHARMACIA

Do you want better sports care sales? It shouldn't be too difficult with 20 million sports injuries occurring every year. **Guy L'Aimable** reports

The walking wounded

Playing sports involves a trade-off. You get fitter, stronger, leaner and less stressed. But just when you think you're one of life's natural athletes, your body reminds you it's a delicate mechanism that can't withstand wear and tear indefinitely. You get injured.

An estimated two-thirds of the population - around 36 million people - play some kind of sport at least once a month. About 45 per cent take part in vigorous physical exercise each month - according to research carried out by Sheffield University on behalf of the English Sports Council - and almost one in five of them were injured in the previous four weeks.

Men accounted for three quarters of the injuries, and half of them were aged 16-26 years.

According to the Moss Advisory Service, sports cause about 20m injuries a year.

Around 70 per cent of these involve the lower limbs, particularly the knee joint, says the National Pharmaceutical Association. Upper limbs are the next most affected area, followed by the head, back and neck.

Shouldn't that be good news for pharmacists, who normally stock a good enough selection of lines to deal with most basic injuries? Not necessarily.

Roche Consumer Health's research



suggests that consumers have four levels of response to pain. They ignore the first level - presumably just a minor ache - and seek a topical OTC at the second stage, an oral remedy at stage three, and a GP/other specialist at stage four.

"This supports the general belief

that many British people have a definite 'stiff upper lip' mentality and a tendency to play down pain," says Ben Fritsch, Roche's Radian-B brand manager.

The relative intimacy of your pharmacy puts you in an ideal position to break down this barrier. You can certainly offer more advice than supermarkets, who are heavily price-cutting topical analgesics following the abolition of resale price maintenance. Sainsbury's, for example, recently halved the price of Nurofen gel 35g.

However, Tracey Collingwood, brand manager at Dendron, says someone suffering pain is more concerned about efficacy than price. "They may trial a cheaper brand, but return to their favourite when they find it is not as good," she says.

Information Resources says the topical analgesic category is worth around £29.6m in pharmacies, including Boots The Chemists, and grew 5.8 per cent for the year to April.

There are three types of topical analgesics: cold, hot and ibuprofen: ● cold - ideal for sports injuries such

as sprains, strains and kicks. If the injured area becomes swollen and bruised, this treatment should be applied immediately because it numbs the pain, reduces the swelling and inflammation and brings out the bruising.

● hot - which brings out the well-known warm sensation. While it is often used for musculo-skeletal conditions, such as sciatica and lumbago, it can also be applied after the cold treatment for sports injuries

● ibuprofen - aimed at regularly occurring pain in the muscles and joints

Over 60 per cent of topical sales occur between October and January - not surprising because a fair proportion of adults are playing football after a summer of sloth. Then you have the traditional rush to lose some weight after the calorific excesses of Christmas.

Interestingly, topical analgesics tend to be bought by women, often on behalf of injured men.

As over 65 per cent of these are GSL, their fixture should be in an open area. MAS suggests you display them close to related healthcare products, such as sports supports and heat pads, which would create a sports injury and arthritis care section.

This could also include treatments for athlete's foot. According to Novartis Pharmaceuticals 21 per cent of the population - 10.9m - suffer from the condition. But less than half of these are actually aware they have it.

Eighty five per cent of those who know they've got athlete's foot tend to select their own treatments, which should make this area ideal for pharmacists.

Most people tend to catch athlete's foot in the spring/summer and a quarter have five to 10 attacks a year.

Canesten is by far the best selling athlete's foot treatment in pharmacies, according to *Information Resources*. The brand's closest competitor, Daktarin, is the sixth best selling footcare product in pharmacies.

Block all sports care product groups together to help customers identify what they want, and make



Nurofen Gel is worth £1.5m, which gives it 3.2 per cent of the topical analgesics market. Last month Crookes Healthcare launched Nurofen Gel Maximum Strength which contains 10 per cent ibuprofen, the maximum dose available without prescription



Summer is a peak period for athlete's foot, according to Novartis Pharmaceuticals. Last year it launched Lamisil Cream, a POM to P switch which is claimed to halt athlete's foot in one week and provide protection for up to three months

sure the brand names face outwards.

The size and sophistication of your sportscare section will depend on how well you are known by local sports clubs, GPs and physiotherapists, who usually run sports injury clinics. If you want to expand the section, you should contact these - the Internet is a relatively quick way of finding out your nearest sports injury clinic - and explore how you can work with them.

Once you have developed a good relationship, they will probably start referring people to you.

If you need specialist sports care products not stocked by your wholesaler, why not try the following suppliers:

● Hopwoods Sports Medicals (set up by pharmacist Mark Hopkins), tel: 029 2054 9131; web:

www.scoot.co.uk/mueller

● Trimilin (UK), tel: 01243 784488;

web: www3.mistral.co.uk/trimilin

● Physique Management Co, tel: 0870 6070 381; web:

www.physique.nk.com

Keen sports people, it seems, are prepared to spend more than usual on sports care equipment if it helps

to prevent injuries. If you are only interested in passing trade, it's probably not worth spending more than about £200 on your section.

So what are the prospects for sports care? Pretty good. As more people take up private health insurance, they may come under pressure from insurers to take precautions when exercising. Demand for sports care equipment/products will probably grow.

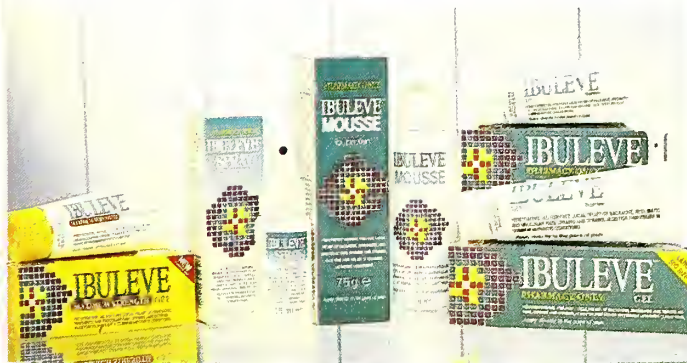
Then there's the huge, literally, untapped market out there. We're a nation of fatties - not quite up to the US standard, but bad enough.

Eighteen per cent of UK adults are classified as obese - 20 per cent of women and 17 per cent of men. At this rate more than a quarter of British adults will be obese by the year 2010.

You can bet the Government, worried by a potential flood of obesity-linked diseases, will step up its campaign to encourage everyone to take more exercise.

For sports care suppliers, things can only get better.

Continued on P20→



Dendron's Ibuleve is the best selling topical analgesic in pharmacies, according to *Information Resources*. Pharmacies' topical analgesic sales rose 5.8 per cent to £29.6 million for the year to April

When
your
customer
is
suffering
from
diarrhoea

What
do you
recommend
?

→ Continued from p19

Most sports injuries are soft tissue in origin, so this is probably the root of the problem when a sporty type hobbles into your pharmacy.

Inflammation is the immediate response of soft tissue to acute injury. This response is essential for healing to occur, but if allowed to continue unabated it may leave a permanent impairment. The correct action taken immediately after a soft tissue injury is vital to ensure the damaged area is repaired properly and functions normally again.

Treatment protocol

The Association of Chartered Physiotherapists in Sports Medicine has a protocol for the treatment of soft tissue injuries in sport - known as the PRICE principle, which stands for Protection, Rest, Ice, Compression and Elevation.

Protection is needed to prevent any injury from becoming more serious and to ensure the person does not sustain other damage because of an inability to move properly. Depending on the severity of the injury, this protection can mean anything from a sticking plaster to a walking aid or calling an ambulance.

So what can the pharmacist do about protection? The only person who can be guaranteed to be present when an injury occurs is the injured person. Everyone participating in sport should therefore have access to a first aid kit - the activity would dictate the contents of this kit.

Pharmacists could highlight the essential contents and have these on display for sports people. Obviously, individuals would not require as extensive a first aid kit as those participating in team sports.

● Rest - this does not mean the participant has to lie down and not move, but rather the stopping of all activity which could cause further damage. It is essential to stop playing sport when a significant injury has been sustained.

● Ice - cryotherapy will control the bleeding and swelling which occur following injury.

There are many types of ice pack available, from the one-off crushable chemical pack to the re-useable gel pack. All these are much more user friendly than crushed ice or frozen peas. They are also easier to transport and keep in the first aid kit.

You need to advise the sports

The healing touch

When dealing with sports injuries, think of the acronym PRICE. Joan Watt, MA, Grad Dip Phys, MCSP, SRP, explains the term



Keeping fit is a serious business these days and can lead to injuries from strained joints and muscles. Be prepared by knowing what's available over the counter to relieve symptoms

person on the best way to use cold packs:

● do not place any form of ice pack directly in contact with the skin

● put the pack inside a damp towel or face cloth (purchased at the pharmacy as part of the first aid kit). If no cloth is available use a few paper tissues or if none of these are available, apply oil to the skin

● leave the ice on for five to 10 minutes every hour for the first 24 hours and continue up to 48 hours if the symptoms persist.

● Compression - applying compression will help to decrease the swelling and bleeding in the injured

area. Again, there are many types of bandage on the market - I find the self-cohesive bandage is the most effective. It is best applied in a criss-cross or figure of eight starting below the injury and working up and above the damaged area. Take care to lay the bandage on instead of over-stretching it, which would create too much pressure.

Correct bandaging

Pharmacists are in an ideal position to advise on the correct bandaging to buy for immediate compression. Tubigrip will do if there is nothing else available, but it is not as effective.

Ice can be applied on top of the bandage and left in place for a longer time, up to 20 minutes. The bandage should be removed overnight.

● Elevation - raising the injured part also helps to reduce swelling. The arm/hand/elbow should be higher than shoulder, while the leg/ankle/foot higher than hip. Initially, the first aid container would be ideal to help this elevation.

Note that:

● heat should not be applied to the injured area during the first 48-72 hours

● do not soak in a hot bath following injury

Topical analgesics

Chemists incl BTC
Brand ranking based on value sales

52 w/e 22 April 2001

- 1 Ibuleve
 - 2 Deep Heat
 - 3 Radian B
 - 4 Movelat Relief
 - 5 Pr Freeze Spray
 - 6 Ralgex Cream
 - 7 Deep Relief
 - 8 Transvasin
 - 9 Ralgex Heat Spray
 - 10 Ibuleve Maximum Strength
- (Source: Information Resources)

Footcare

Chemists incl BTC
Brand ranking based on value sales

52 w/e 22 April 2001

- 1 Canesten Af (Athlfoot)
 - 2 Bazuka (Corcalve)
 - 3 Scholl (Corcalve)
 - 4 Scholl (Acetol)
 - 5 Scholl (Insoorth)
 - 6 Daklarin Af (Athlfoot)
 - 7 Mycil (Athlfoot)
 - 8 Carnation (Corcalve)
 - 9 Odor Eaters (Odoucont)
 - 10 Compeed (Papabibu)
- (Source: Information Resources)

● do not massage within the first 24-48 hours.

Medication

The first essential when providing medication to sports people is to ensure that the product is not going to result in a positive drug test.

Drug testing is carried out in most sports and at many levels, from club to elite.

The BNF gives an excellent list of proscribed medicines. There is also a card available from sports councils which lists both proscribed and proprietary brands that should not be used in sport (see list opposite).

Joint supports

Probably the most lucrative sales avenue for pharmacists is the one which in my opinion can cause the greatest problem - the provision of joint supports.

Many sports people wear joint supports, many of which are not only unnecessary, but can exacerbate the condition they are meant to help. For example, people with knee problems often wear a support - with or without a hole over the kneecap. This type of support will not only fail to help alleviate the problem, but will in fact aggravate many anterior knee syndromes. Generally, if the pain is centred at the front of the knee, around the knee cap and gets worse during exercise, then a below knee "Cho-pat" type support is needed - not Tubigrip or full neoprene or elastic support.

Adhesive/sticky tapes, either stretch or non-stretch, are always popular with sports enthusiasts, but are expensive and give only one application. The purchase of such tapes would be best accompanied by notes on correct skincare and removal, plus the use of a proprietary removing agent.

If in doubt about supports or tapes, contact your local chartered physiotherapist.

Finally, cleansing and perfumed products, although they do not play a direct role in sports injury, are still vital for the athlete's body. The sports person probably spends more than normal on personal hygiene products. You are in an ideal position to advise them what to take to counter the many and varied fungal-type infections frequently found in sports locker rooms.

The Association of Chartered Physiotherapists in Sports Medicine has just over 3,000 members, telephone: 01327 354441

Forbidden substances

Professional sports people with ailments should guard against taking medicines containing prohibited substances (eg stimulants, narcotic analgesics, diuretics. Here is a brief guide - more details are available from UK Sport's website (anti-doping section):

www.uksport.gov.uk

- Benylin Day and Night (phenylpropanolamine)
- Contac 400 (phenylpropanolamine)
- Sudafed (pseudoephedrine)
- Lemsip powder (phenylephrine)
- Dimotane (pseudoephedrine)
- Haymine (ephedrine)

- Diocalm Dual Action (morphine hydrochloride)
- Palfium (dextromoramide)
- Pethidine
- Sevredol (morphine sulphate)

Many asthma medicines contain beta2 agonists because they work well against asthma attacks. All beta2 agonists are prohibited, except inhaled medications containing salbutamol (eg Aerolin autohaler, Ventolin inhaler), salmeterol (eg Serevent inhaler), or terbutaline (eg Bricanyl inhaler)

- Lasix (frusemide)
- Aldactide (spironolactone)
- Triam-Co (triamterene)



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Stops diarrhoea. Also relieves stomach cramps, wind and bloating.

6 CHWABLETTS

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Further information is available from the PL holder:
Johnson & Johnson MSD Consumer Pharmaceuticals,
Enterprise House, Station Road, Loudwater, Bucks, HP10 9UF, UK.
Legal category: P. Ref: Kaplan et al. Archives of Family Medicine. May 1999
www.imodium.co.uk

With liberalisation sweeping through many European pharmacy markets, Gehe UK invited pharmacists from seven European countries, including the UK, to Lausanne to discuss how to adapt. **Guy L'Aimable** reports

Winds of change

Pharmacies in the UK and around Europe face the most serious threats in living memory, according to Wally Dove, chairman of the Pharmaceutical Services Negotiating Committee.

There are opportunities, "but realising them requires good organisation, quick thinking and perhaps a willingness to be radical. These are not traits for which pharmacists are renowned."

UK threats include the loss of resale price maintenance on OTCs, the move towards one-stop healthcare centres, possible changes to discount clawback rates, and the move to widen the net of healthcare professionals that offer the same services as community pharmacies, such as dispensing and medicines management.

In European countries where the

one pharmacist/one pharmacy rule is being relaxed, large wholesalers led by Gehe and Alliance UniChem are moving in and independents are being bought out.

"Dominance by multiples means fewer opportunities for young pharmacists to set up their own businesses. Increasingly their future is in pharmacy management or another part of the pharmacy profession," he said.

In the UK the number of pharmacy owners has fallen by almost 2,000 to around 5,000 over the past 10 years, but the number of pharmacies has remained unchanged at around 12,500.

In other countries, such as Norway, independent pharmacy numbers are declining faster.

If this trend continues, he says, it may affect the infrastructure/remit of

organisations representing pharmacies nationally and regionally.

"We need to understand how the trend could affect the way we as pharmacists organise ourselves, and we should be proactive rather than reactive," he said.

While UK pharmacists have had some success in resisting deregulation, they have not made as much headway in extending their professional roles. "I don't think we've had enough good, substantive ideas as to how pharmacy can increase its role and its value and, more importantly, be paid for it," said Mr Dove.

The UK Government has shown its interest in pharmacy's future through its "Pharmacy in the Future" plan, but the Plan's good points are counter-balanced by its endorsement of one-stop health centres, e-pharmacies and remote dispensing, and by allowing a

range of healthcare professionals to offer pharmacy services.

While the European Commission is trying to harmonise many pharmaceutical areas, it does not want to completely harmonise its members' healthcare systems.

Pharmacists can influence events by lobbying their own national governments and MEPs. Alternatively, their national associations can work through the PGEU which can join forces with other European health professional associations, such as the CP which presents GPs' views to the Commission.

Mr Dove assured delegates that any EU-led changes would take some time. Member states and patients needed the medicine supply chain, which could be seriously damaged if pharmacists were forced to take on radical changes.

'Beware of DTC spectre'

The spectre of direct to consumer advertising threatens both pharmacies and wholesalers, according to pharmacy owner Wally Dove, because if it happens manufacturers will eventually set up direct supply mail order businesses. "If that happens, we'll die," he said.

Mr Dove, outgoing chairman of the Pharmaceutical Services Negotiating Committee, was chairing a discussion forum on how community pharmacists around Europe should adapt to survive.

George Romanes, former chairman of the Scottish Pharmaceutical General Council, said the mail order scenario worried pharmacists, particularly in the light of GlaxoSmithKline's proposal to move SmithKline Beecham ethicals into the agency scheme.

Steve Williams, a UK pharmacist,

said pharmacists would obviously be lost without wholesalers. If GSK decided to distribute products through a third party, deliveries would not be as frequent as from full line wholesalers, but pharmacists could cope if they managed the situation carefully. "The problem is if other manufacturers do the same as GSK."

Delegates moved onto the perceived threat of pharmacy multiples.

Kirit Patel, chairman of the Day Lewis Group, said there was a difference between vertically integrated companies, like AAH Pharmaceuticals, and Boots. AAH had an interest in independents and ploughed money into them.

Mr Williams said multiples had not been bad for the UK market, but if wholesalers continued to buy independents, the balance could change and they could decide they no longer need independents' business.

"Lloydspharmacy only has to double in size for this to become an issue," he said.

Ian Bray, AAH's marketing director, stressed that this scenario was not real and it did not feature in any of his plans.

How could pharmacists broaden their offering? Hemant Patel, secretary of North London LPC, said they should use their increasingly sophisticated computers to give consumers "cognitive services" - such as touch screens offering access to healthcare information - instead of just concentrating on their traditional role of dispensing. But Mr Dove said moving too far away from the core dispensing role would be dangerous.

Kirit Patel did not think Hemant's proposal would work for proprietors because the Government will not give them more money to dispense. Proprietors would therefore be offering more services and working



Wally Dove: severe warning

harder for no extra cash. "We've got to make sure the money is there to pay for these services," he said.

Mr Dove admitted that the European Union did not consider pharmacists to be particularly altruistic. PSNC matters aside, he is also the NPA's representative at the PGEU, the European association representing community pharmacies. "Sometimes what the PGEU does is



Pharmacy delegates from seven countries were at the conference

not always recognised because the EU sees self interest," he said.

Governments would appreciate pharmacists more, said an Irish delegate, if they had written evidence/data of the services they performed. Pharmacists should record, for example, any interventions when they dispensed patients' medication. "We're too shy in this area - we mustn't lose sight of the fact that

we're the most accessible [healthcare] profession to the public," he said, adding that perhaps pharmacists should employ GPs.

Mr Dove said independent pharmacists should have the courage to do this because multiples already did so.

Mr Bray asked how pharmacists could take on some of the healthcare services currently offered by GPs.

Mr Williams said one-stop healthcare shops would work better in pharmacies, not surgeries.

Pharmaceutical services raises the issue of pharmacy standards, which delegates agreed fluctuated widely. Mr Dove praised Australia's Quality Care Pharmacy Program, run by the Pharmacy Guild of Australia, in which pharmacists receive Government funds to meet certain standards. Around 4,700 pharmacists - more than 90 per cent of the total in Australia - are now accredited.

Mr Williams said the UK public was not convinced that independent pharmacists offered the best services. "People tell us that multiple pharmacies ensure their pharmacists work to a certain standard - customers therefore know what to expect when they go there," he said. Independents must be encouraged to meet a minimum standard - whether through accreditation or other means.

Kirit agreed pharmacists should invest more money on Continuing Professional Development and extending their roles, but suggested they did not earn enough from their NHS business to pay for it.

European report

Gehe UK has published a 75-page report, *European Pharmacy Market Report 2001*, which includes synopses of 15 pharmacy markets, backed by statistics. For a copy, priced £5 (incl p&p), contact Jayne Harrison at:

jayne.harrison@aab.co.uk, or send a cheque/postal order to Jayne at: AAH Pharmaceuticals, Sapphire Court, Walsgrave Triangle Park, Coventry, Warwickshire, CV2 2TX.

Valuable evidence

A leading French pharmacist has urged pharmacists to write down every step they take to check prescriptions, eg if they have to query the doctor's diagnosis, because the evidence will help healthcare authorities to appreciate the work pharmacists do.

Henri Lepage, president of the Chemist Association of Central France, said it was not good enough for pharmacists to sort out the problem with a quick call to the GP.

A written procedure would have the following advantages:

- easily understood
- enables you to trace who prescribed and dispensed the drug
- provides legal proof that the pharmacist took every step to conduct his work properly
- details can be stored - eg in a book or a computer file - and used to assess how the pharmacy is managed and how the patient is monitored
- provide proof that the pharmacist has been liaising with the GP about whether the patient should continue, suspend or stop his treatment

A pilot system was tested in Nancy, France. Out of 151 checks over a two month period, 89 per cent led to the same medication being prescribed, 6 per cent caused the medication to be dropped, 3 per cent led to an amendment of the treatment, and 1 per cent caused the dosage to be adjusted.

Mr Lepage stressed the system was not an automatic alert to suspect therapies, nor was it a means of policing prescriptions.

Reach for the best



Established in 1938 to meet the needs of retail pharmacists, BCM Specials is now the premier Specials supplier in the UK. We are the best because we hold true to our founding principles, namely to supply quality Specials in the shortest possible time. With its unrivalled range of formulae and its 'state of the art' facilities there is little BCM Specials cannot provide.

To meet your need for quality, range, speed of service and flexibility BCM Specials is the best option.



BCM Specials putting your patient first.

www.bcm-specials.co.uk

Teaching us a lesson

It is exciting to see how quickly the Government and its policy advisers now think of innovative ideas for pharmacy and the NHS. Not a day seems to pass without an initiative being announced which, we are told, will deliver better patient care.

Although I generally welcome change, I have some worries about the recent announcement of plans to develop Teaching Primary Care Trusts. Clive Jackson (*C&D* June 30, p6) seems to be keener to push TPCTs from a primary care perspective than a pharmacy one, which is dangerous. The medicines management pilots have a heavy primary care bias, and training could go the same way.

According to official press releases, TPCTs will provide teaching and clinical opportunities for primary and community care professionals. They are designed to support and improve the delivery of services to local populations, whilst focusing on developing professional skills, spreading good practice and acting as centres of learning.

These new trusts will link universities, GPs and nurses and help disseminate new skills. In theory, TPCTs must be a good thing for the

NHS - anything which makes academics get out into the real world and help patients must be widely welcomed.

However, in practice, these bodies are likely to be dominated by academic departments of general practice (many of which already have local training practices near their universities) and practising GPs (who tend to dominate PCT boards). Unless we are careful, TPCTs will simply be a means of extending doctor power.

In response, I suggest the profession's leaders go on the offensive and argue for the introduction of Teaching Community Pharmacies (TCPs) and Teaching Local Pharmaceutical Committees (TLPCs). These could come under the umbrella of existing TPCTs or be formed alone, in areas away from universities.

To promote the value of pharmacists within the NHS, TCPs and TLPCs could help develop and disseminate best pharmacy practice for the benefit of professionals and patients. If our professional leaders developed their own version of TPCTs, they could ensure the value of pharmacy is not lost in this agenda.

Knowledge is power within the NHS, so the control of education is the key to our continued professional and business success.

Name and address supplied

Escalating doses

Shire Pharmaceuticals has recently been made aware of instances where patients receiving Reminyl treatment have found it difficult to obtain the higher strength of tablets required as part of the dose titration for this treatment.

Shire has recently introduced four-week packs of the 4mg, 8mg and 12mg tablets to aid in dispensing and to comply with the recommended dosing regime.

Given the NICE guidance for these products, which states that a carer should usually be available to assist in compliance with the medication, we are concerned that when the carer of the patient returns for the increase of strength, the 8mg and 12mg packs are not readily available.

We wish to suggest that pharmacies which receive a prescription for the starting dose of Reminyl should take steps to ensure that the additional strengths are available for the patient and the carer as required. This principle should be applied to all medications where dose escalation is to be implemented.

Heather Wilkins
Director, technical operations
Shire Pharmaceuticals

Biter bit!

In your article "How to repel the little biters," published in *C&D* April 28, Dr Jane Wilson-Howarth makes the following claim regarding Mosi-guard Natural, compared to DEET:

"There are other still less effective but dermatologically-gentler products, including Autan, or a natural oil-based preparation such as Natrapel or Mosi-guard."

Whilst I acknowledge the necessity for a DEET-based product in malaria-endemic regions, her statement regarding Mosi-guard Natural is otherwise incorrect.

Mosi-guard is based on lemon eucalyptus oil. This contains highly active natural repellents that will give travellers all the protection they need.

A clinical paper by J K Trigg, published by the *Journal of the American Mosquito Control Association* in 1996, concluded that Mosi-guard Natural was as effective as DEET for up to seven hours after initial application.

Mosi-guard Natural is tested and approved by the London School of Hygiene and Tropical Medicine, and recommended for children, and babies over three months.

Claire Turner
Marketing director
Mosi-guard International

Have you entered UniChem's Young Pharmacist Business Award yet?

In response to the growing disillusionment of pharmacists entering the profession, UniChem, the UK's leading pharmaceutical wholesaler, launched the first Young Pharmacist Business Award earlier this month. It is open to all pre-reg students and pharmacists who have qualified within the last five years and there are some great prizes on offer to help the winners set up their own pharmacy business. The closing date isn't until July 31 so you still have plenty of time. Prizes on offer include:

● **£2,000 business bursary for the overall winner**

PLUS

An all expense paid 'jet set tour' of five of Alliance UniChem's affiliated European pharmacies. The winner will spend a day or two at each pharmacy viewing how they operate differently from country to country and report back with their features being printed in *Chemist & Druggist*.

● **Three runners up will receive £800 worth of PC equipment**

The finalists will be invited to UniChem's Great Business Awards, held in November at The Metropole Hotel in Birmingham where the winner will be announced.

All you have to do to enter UniChem's Young



Pharmacist Business Award is tell us, in 700-1,000 words, how you see independent retail pharmacy in 2020 - it's as easy as that. For an entry form, please contact Tina Barratt or Matt Hipwell on 020 7761 1725/1717.

ENTRY TIPS

- There is no right or wrong answer
- The judges will be looking for well thought out but imaginative answers
- Think about changes you think will happen within the industry and how these will affect the role of the pharmacist

WATCH OUT FOR THE JULY 14 ISSUE WHEN WE WILL BE PREVIEWING THE FIRST ROUND OF ENTRIES

A step on the ladder

Recent research by Chemist & Druggist's Business Trends Survey found that only 16 per cent of newly qualified pharmacists feel prepared for the business aspects of the profession. In fact, in the South East less than one in ten felt prepared.

As the UK's leading pharmaceutical wholesaler, UniChem has a lot of specialised business knowledge to share. If you choose to become a UniChem customer you can take advantage of:

- Personal account support and advice through your designated advisor
- UniChem's Commercial Support division, specially set up to help source the best financial packages for you as an independent pharmacist - negotiating special rates
- Ongoing offers and promotions on mainstream brands as well as UniChem's good quality own brand range
- UniChem's Counter Attack scheme, which allows you to buy in splits - great for trialing new products and coping with sudden customer demands.

For further information, contact UniChem's marketing department on 020 8391 2323.

Gehe to build health centres

Gehe is to start a £25 million programme of developing and building multi-disciplinary health centres.

Construction of the first of the 14 health centres planned so far within the "Health Centre Solutions" scheme will start later this month. Although 11 of these will house a Lloydspharmacy, three of the health centres will have independent pharmacies.

The pharmaceutical wholesaling and pharmacy group estimates that each health centre will cost about £2m. Its aim is to put health centre pharmacies on a more equal footing alongside GP and other services within health centres. There are over 150 Lloydspharmacy outlets co-located in GP surgeries, but Gehe's experience is that these are often added as an afterthought, with little room for expansion or provision of services other than dispensing. Instead, the company now wants to use its expertise to ensure that health centres have adequate space for pharmacy services to expand in the future.

Gehe says it has no intention of developing a property portfolio, so once a centre is completed the company will sell to a third party to realise the capital invested in developing the site. This can then be reinvested in developing further centres, should the need be identified. Buyers could include private health groups, the GPs

involved in the centre, or property portfolio groups, and would be involved early on in a site's development.

Iqbal Gill, Gehe's UK development manager, said the Health Centre Solutions scheme had been developed over the past two years. It falls into line with the Government's commitment to upgrade GP surgeries and provide the 500 one-stop primary care centres announced as part of the NHS Plan.

Mr Gill believes this new direction for Gehe means that pharmacy will be made a "core offering from day one". He stressed that although Gehe owns Lloydspharmacy, the scheme was a Gehe Group initiative, and would

be open to independent pharmacists.

If a pharmacist knew that a need for a health centre has been identified by a GP surgery or the health authority, and wanted to relocate in the health centre, the pharmacist could contact Gehe to discuss the proposal. "If an independent pharmacist comes to us with a proposal and it might affect a Lloydspharmacy, we would be honour bound to help the independent," he added.

While pharmacies incorporated into the health centres will probably be able to offer and develop a wide range of professional services based on medicines supply, Mr Gill said that it would be possible to have a full offering, including front shop sales

from the pharmacies. The centres will have no Gehe branding, other than Lloydspharmacy if it is the provider of the pharmacy services.

As Gehe intends to sell on the properties once completed, it would make sure that rents were agreed in advance at market rates, and would require the purchaser to honour the terms of the lease, normally 20-25 years.

Mr Gill expects most developments will be on brown-field sites. The first planned is in Stretford, Manchester, and should be completed by next summer. No upper limit on the number of health centre sites has been set, but it will depend on a need being identified, and the health authority or primary care organisation giving the go ahead.

At the moment, the health centres would have the needs of the GP as the main driver, as NHS funding for rents is largely dependent on having medical services. However, Mr Gill did not rule out the concept of Gehe building walk-in centres, provided alternative funding could be established.

An information pack is being sent to GPs. Further information is available from Mr Gill at Gehe UK on 024 7643 2270 or via e-mail at healthcare.solutions@gehe.co.uk.



Artist's impression of the design for Health Centre Solutions

Staff theft a worry for pharmacies

Pharmacies are more likely to have stock stolen by their own staff than any other retailer, reports the British Retail Consortium's latest crime survey.

Last year there were 16 known incidents of staff theft per 1,000 pharmacy employees - twice the retail industry's average. And the pharmacy stock was on average worth £947, compared with £538 throughout the industry.

The only other retail segment with an equally bad record is "other", which includes jewellers.

Small and medium sized (SME) retailers fared worst. They had 20 staff theft incidents per 1,000 employees, although that was still better than in 1999 when they had double that rate.

The good news is that pharmacists and other retailers are getting better at catching thieving employees. The value of losses from unknown causes, believed to be staff theft, fell, but known losses rose.

Pharmacists passed on 92 per cent of their staff suspects to the police.

Pharmacies are also one of the most vulnerable groups for violence against staff. Last year they had 11.7 physically violent incidents per 1,000 staff and 109 violent threats per 100 outlets.

Again, smaller businesses take the brunt of the stress. SMEs - in all sectors - saw 67 cases per 1,000 staff.

Around three-quarters of the violence retailers experienced stemmed from customers trying to steal something, and 20 per cent from "other" causes. Robberies accounted for only 5 per cent.

BRC says those working in the service industry face increasing violence, but points out that retailers with cash desks and checkout operators have a relatively low risk rate of 0.5 per cent, compared with 7.7 per cent for publicans and bar staff and 4.2 per cent for service industry managers.

Meanwhile, pharmacists are relatively low on the retail league table for customer thefts. Last year they reported 671 incidents per 100 outlets, compared with the retail average of 2,260. Pharmacists are definitely stamping down hard on the culprits. Around 265 suspects were detained per 100 pharmacies, and practically all the suspects were passed onto police - one of the best records in the industry.

On average pharmacy customers stole goods worth £64, which is high enough but below the industry average of £74.

Pharmacies are also close to the industry average for burglaries - 18 per 100 pharmacy outlets, costing an average £684 to repair and leading to missing stock worth £1,810 per incident.

Youngsters under 18 remain a source of concern because they account for 22 per cent of customer thefts, compared with 19 per cent in 1999. Sixty three per cent are male. However, girls accounted for 63 per cent of the youngsters' thefts in pharmacies.

Kruidvat to buy Superdrug

Kingfisher has agreed to sell Superdrug to the Dutch health & beauty chain Kruidvat Beheer for £280 million cash. The group will earn another £30m by selling freehold property owned by Superdrug.

Superdrug's divestment is expected to be completed before the end of the month.

Kingfisher will take a loss of £55m based on Superdrug's book value. The cash raised by the divestment will be used to reduce Kingfisher's net debt.

It said the deal would give Superdrug "exciting opportunities for further development".

Kruidvat has stores in the Netherlands, Belgium, France, Poland, Hungary and the Czech Republic. Last year the company's turnover was NLG3.52 billion (£961m).

IN BRIEF

Ruane leaves SSL

Brian Ruane, SSL International's UK sales director, has left the company. SSL was unavailable for comment as C&D went to press.

Gehe sacks Colin Wilson

Gehe AG has confirmed that Colin Wilson has been dismissed with immediate effect and has now left the company. Gehe would not comment on the reasons for Mr Wilson's sudden departure but said that a replacement had not yet been found. The sacking comes only months after Mr Wilson was appointed Gehe's first European purchasing director. He joined at the beginning of March.

Numark open evening

Numark will be holding an open evening for potential shareholders on July 10, at Marriott Hotel in Portsmouth. The event - the 11th and last following Numark's conference in Boston - starts at 7.30pm with a presentation, followed by a Q&A session. Drinks and a buffet will be provided. For more information contact Numark on: 01827 841200.

Contact lens deal for independents

Two optometrists have set up a company called OK Vision to sell contact lenses and related products through independent pharmacists.

David and Neil Hershman say the system will enable pharmacists to offer products at least 25 per cent cheaper than opticians. The pharmacist essentially becomes an agent for OK Vision, stocking its promotional literature and acting as a delivery/collection point for the products.

Optometrists are legally obliged to give patients a prescription after their contact lenses have been fitted. The patients can then buy new lenses from any qualified supplier.

Under OK Vision's system, the pharmacist takes the customer's prescription and payment/deposit, completes a triplicate order form and posts it in pre-paid stationery to the company in Clerkenwell, London.

OK Vision's optometrist verifies the prescription details before processing the order. The lenses are sent by courier to the pharmacy within 72 hours.

OK Vision said the lenses' value would range from £39 to £279.

It will invoice the pharmacy every month and will pay the pharmacist a commission of 8 per cent on daily disposable lenses and 10 per cent on all other lens sales.

The pharmacist can deal with general queries, eg about eye conditions, but is not expected to give any professional advice about the lenses - for example, what type of lens the customer should buy. Such queries should be referred to OK Vision or the customer's lens prescriber.

The UK contact lens market is worth about £120 million and has been relatively flat over the last couple of years, according to David Hershman.

While some contact lens wearers tend to be loyal to their opticians, he added, a sizeable number like to shop around for good deals and are target customers for the scheme.

OK Vision has a freephone number: 0800 085 7202, which provides information to pharmacists and doubles as a clinical helpline for patients.

The company has cleared its system with the Royal Pharmaceutical Society to ensure it does not breach the new Code of Ethics.

Pharmacists who receive claims for negligence under the scheme will be indemnified by OK Vision. They are covered by their normal shop insurance, according to the National Pharmaceutical Association.

David Hershman and OK Vision will visit pharmacists who are interested to explain how the system works.

UniChem to launch pharmacy software in September

UniChem is set to roll out a pharmacy software package in September. The software combines a Patient Medical Record system with EPoS, provides support for professional services and has a hot link to the wholesaler's pharmacy website.

The new Pharmacy Operating System (POS) includes the Enigma software, which provides product and drug databases, better endorsing, labelling and dispensing - according to UniChem - and repeat prescription management.

By combining EPoS with the PMR software, the system will manage staff discounts, provide multiple payment options, facilities for surgery and customer accounts, and it will store planograms.

Its professional support service will provide details of the pharmacy, pre-

scription and OTC interactions, information and frameworks on clinical governance, and locum and auction facilities. The system will also flag counselling services and it will have initiatives for medicine management schemes.

Pharmacists will probably appreciate the system's secure link to *pharmacy.com*. During a pilot for the website some pharmacists noted they would have to buy a separate computer to access the website because they did not want to tie up their dispensing computer.

UniChem said the Pharmacy Operating System would also enable pharmacists to liaise better with the wholesaler. The system provides integrated stock management systems, electronic notification of deliveries, invoicing and statements, returns and

credit processing facilities. It also tells the pharmacist whether UniChem has the stock ordered and provides supplier and product recall information.

The wholesaler has begun to pilot the system, but would not say how many pharmacists are involved, or how much it is expected to cost.

John Davidson, UniChem's management services director, said its competitors have concentrated over the past 12 months on developing pharmacy software that focuses solely on patient medication records. Pharmacy Operating System "not only utilises the best software solutions on the market but provides customers with a superior operating system".

The system "is customer orientated, process driven and has a patient focus - all aligned to the current and future needs of pharmacy", he said.

Phoenix remuneration deal

Phoenix Medical Supplies is offering its customers incentives if they take up Pharmacy Partners' (PP) remuneration scheme. In return for reimbursing pharmacists within 48 hours for their scripts, PP collects a charge equivalent to 2 per cent of the payment.

The offer will be tailored to suit the pharmacist and could include money to help pay for a new fascia or refit, some free generics/stock, or retail services.

The promotion began on July 4 and will initially run for four months. The package is open only to customers who sign up for PP through the Phoenix sales force.

David Cole, Phoenix Healthcare Distribution's managing director, said

it wanted to help customers who had cash flow problems and PP's scheme was an innovative solution.

Pharmacists who have expanded their NHS business often initially find a gap in the amount of stock they have to buy from Phoenix and the remuneration they receive from the NHS.

"This [scheme] will alleviate that pressure. It's at a price but a lot of mainstream lending banks don't understand the remuneration system and how pharmacists are paid," Mr Cole said.

Phoenix hopes to discuss the deal with customers by mid-August. Anyone who has not heard by then should contact Julie Deakin at Phoenix' HQ: 01928 750500.

Scotia talking to 'preferred bidder'

Scotia Holdings' administrator, Ernst & Young, is talking to a "preferred bidder" for the company.

E&Y said its talks with the bidder had begun before news broke that the Committee for Proprietary Medicinal Products had given Scotia's Foscan a positive opinion. Foscan targets head and neck cancer and had previously been rejected by the European Medicines Evaluation Agency.

CPMP revised its opinion after re-analysing the clinical data. E&Y said it normally took 90 days for the Committee's opinion to be turned into full marketing approval.

This is only the third time the EMEA has staged a "u-turn" after turning down a drug.

Its original rejection had forced Scotia to send in administrators in January.

E&Y would not say whether the bidder had already suggested a price, or whether that price was probably too low. The ruling may also attract other potential bidders who may have bided their time until they were more certain about Scotia's future.

These may include Pharmacia Johnson & Johnson and Abbot Laboratories.

Scotia still has to convince the Food & Drug Administration, which had also rejected Foscan. The FDA approval is crucial because it will give Foscan access to the world's biggest cancer market.



Sealing the deal: left to right, front row: Mike Rudin, Pharmacy Partners' (PP) national product manager, Sandy Young, Phoenix Medical Supplies' chief executive, and Frank Courie from PP. Behind, left to right: David Cole, Phoenix Healthcare Distribution's managing director and Kevin Hudson, PMS' finance director

Classified

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APPOINTMENTS

LEAMINGTON SPA AND WOLVERHAMPTON

Moss Pharmacy requires 2 full-time dispensers for their shops in Leamington Spa and Merry Hill, Wolverhampton.

Good rates of pay and benefits.

Contact: **Jo Farry on 07768 353186**

HUDDERSFIELD West Yorkshire

Full time/Part-time

Pharmacist Manager required for easily run pharmacy. Excellent salary, qualified supporting staff.

May suit a newly registered pharmacist.

Please phone **Mr A. M. Khan on 01484 661818 (Days) or 07867 783304 (Evenings and Weekends)**

Opportunity for Dispensing Assistant

Able to participate in counter service in long established pharmacy in Dulwich. Currently: pharmacist part time pharmacist, shop assistant - **and you**.

Full or part time considered.

Please telephone **Mary Williams 0208 670 2608**

BOOTS NEEDS YOU! Qualified Dispenser

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Required in *Crawley & Surrounding Areas*

Interested? If so, we can offer a competitive salary, 25 days holidays (pro rata) generous staff discount. If you would like to work in a busy trendy Healthcare team, please contact **Stacey Dunkin on 01293 527158 extension 231** for an application form today.

A GOLDEN OPPORTUNITY

Has arisen for 2 Dispensing Assistants/Technicians in the Preston area to join a vibrant new small pharmacy chain. Excellent package.

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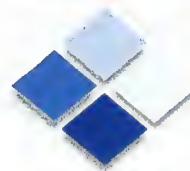
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More guests...

We seem to have struck a chord with all you *I'm sorry I haven't a clue* fans out there, as lists of arrivals and apologies for the Pharmacists' Ball are still flooding in. This collection is from Mr J Beaumont of M Whitfield Ltd, Gilesgate Durham:

"Please welcome Mr & Mrs Cillin and their daughter Penny, (she seems to get invited everywhere - no more please).

What's that lovely scent she's wearing? It's Coco-d'mol!

Heading for the no smoking table, it's Nick O'Tinell, with his friend Phil O'Contin.

All the way from America, please welcome the lovely Miss Perry - Hello Perry Doll!

Where are all the pies? Perrie's eat 'em all.

Here comes Barbie Turate with her friends Lora Tidine, Polly Tar, Di Goxin and Anna Frail.

Unaccompanied, here's Max Epa. Yes, it's Max alone, as usual.

From Greece, please welcome Mr and Mrs Dur and their son Theo. He's brought along his Auntie Histamine and his best Pal, Eudrine.

This evening, the champagne to be served is Dom Peridone, and the entertainment will be provided by Vera. What a pro Vera is.

Unfortunately, on drums is her mad o'pa from Ireland, Arthur O'Tec.

Please welcome Mr Perrin, acting the fool. Stop being an Ass Perrin! I canna-stan' him!

Here's Mr and Mrs Tic and their very educated son Eli - that's the Prof Eli Tic!

Please welcome some dignitaries tonight - it's Sir O'Quel and, from Spain, El Troxin.

Could you please also welcome the ex-MP Mo Tilium, along with Rabbi Sol Padol.

Finally please be upstanding for Sid and Phil Agra, and their daughter Vi Agra."

The best of a very amusing list from James Allan, of Portobello High Street, Edinburgh includes:

Mr and Mrs Dale and their ever-expanding son Martin.

Mr and Mrs Ormsar-Killinniece and their son Mike.

Herr and Frau Mize and their son Otto.

Mr and Mrs Iping-Discount-Recovery and their son Phil.

Mr and Mrs Oprozole and their antagonistic son Lance.

Mr and Mrs O'Tensin-Converting-Enzyme-Inhibitor and their daughter Angie. Mr and Mrs Sartan and their daughter Candy.

Mr Allan suggested that the music for the Ball should be provided by Grace Jones singing her big hit written whilst working in a pharmacy: "Slave to the Rythmodan."

Before she goes on holiday next week the lovely Samantha is preparing a real treat for all you ISIHAC fans which she will leave in Sven's capable hands.

If we receive any more lists we'll be awarding points instead of champagne - and what do points mean? All together now - points mean prizes.

Cycle, run, cycle...ouch!

Steve Farrell, a pharmacist for United Norwest Co-op in Biddulph, Stoke on Trent, was an Olympic cyclist, competing in the Barcelona games in 1992 as part of the cycling team trial. He has now taken up running and recently competed in the Potteries Marathon, coming 10th out of 1,500 competitors. Did he take a slow drive home to rest his weary legs? Oh no, not Steve, he climbed onto his bike and cycled the 10 miles home (having cycled the 10 miles there, of course). He made it to work the next day but says: "I wasn't much use - I could hardly walk for a week."

On average Steve cycles about 200 miles a week. His wife, also a pharmacist, cycles five miles to work each day. Competing in the marathon meant Steve raised £260 for the Co-op's nominated charity "When you wish upon a star."



APPOINTMENTS

Linda Kelly, a pharmacist and former manager of Bristol Myers Squibb and Astra Pharmaceuticals, has been appointed chief executive of the Parkinson's Disease Society.

Neil Hendrie, formerly finance director of Moss Pharmacy, has been appointed Director of Group Financial Services for Alliance UniChem. **Andrew Prosser** takes over immediately as finance director for Moss.

Janey Pumphrey has been appointed European Marketing Director for Unilever Cosmetics International. She joins UCI from Coty UK.

Brecon Pharmaceuticals, which specialises in clinical trial supplies, packaging and distribution for the pharmaceutical industry, has announced three appointments. **Rachel James** is promoted from clinical trials executive to senior project manager. **David Wits** joins from Cognitive Drug Research to be the clinical trials project manager and **Robyn Wood** will be clinical trials co-ordinator.

Phoenix keeps you guessing

One of the highlights of the recent Phoenix Trade and Sundries Show, held in Aberdeen, was guessing the number of paracetamol contained in a carboy.

Torquil Clyde, from the Orkneys, came closest at the show but even he didn't get it exactly right. If any of you eagle-eyed people out there think you can guess the exact number of tablets in the carboy then those generous people at Phoenix will send you a £50 Marks & Spencer's voucher. E-mail your "guesstimates" to ntopping@pboenixmedical.co.uk by August 1.



Torquil Clyde receives his vouchers and a bottle of wine from Neil Topping, Phoenix sales director, watched by Jacqueline Bell, depot manager, and John Laverty, regional manager for Scotland

Foam for all the family



John Nuttall, healthcare group operations manager and superintendent pharmacist, shows what a "soft soap" he really is

United Norwest Co-op's healthcare group was one of the teams to cheer its way through an "It's a Knockout" challenge as part of the Co-op Society's family fun day at Drayton Manor theme park in Staffordshire.

The day was a "thank you" to staff and their families for their support throughout the year and also closed the charity appeal for "When you Wish Upon A Star," which grants wishes to seriously ill children. The Society raised £200,000 for the charity, double the target set in June last year.

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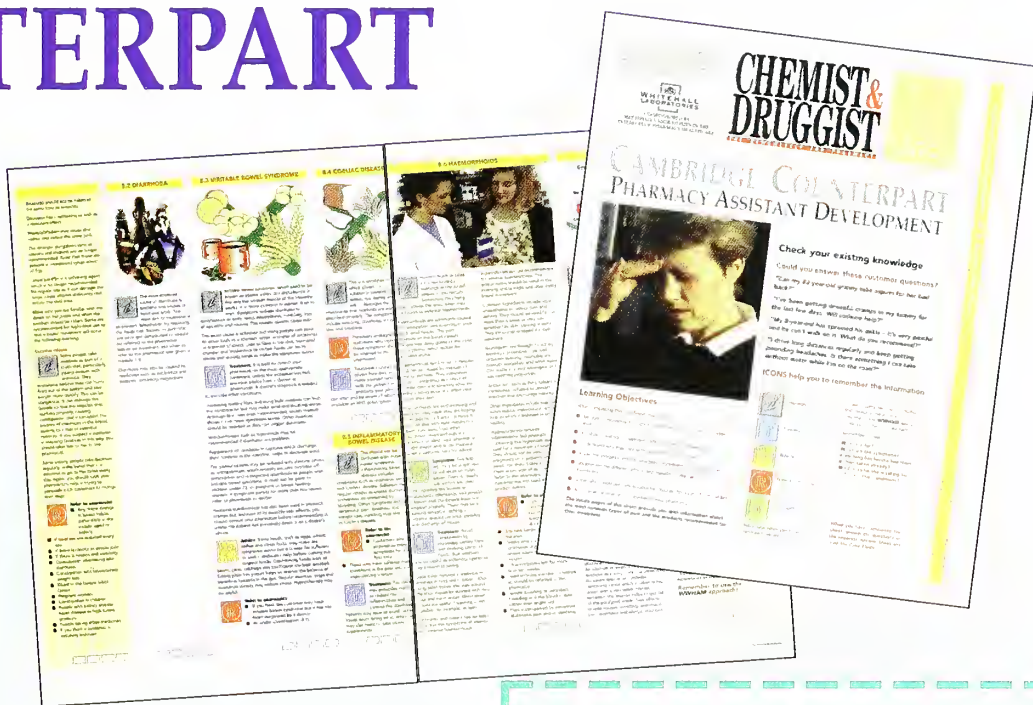
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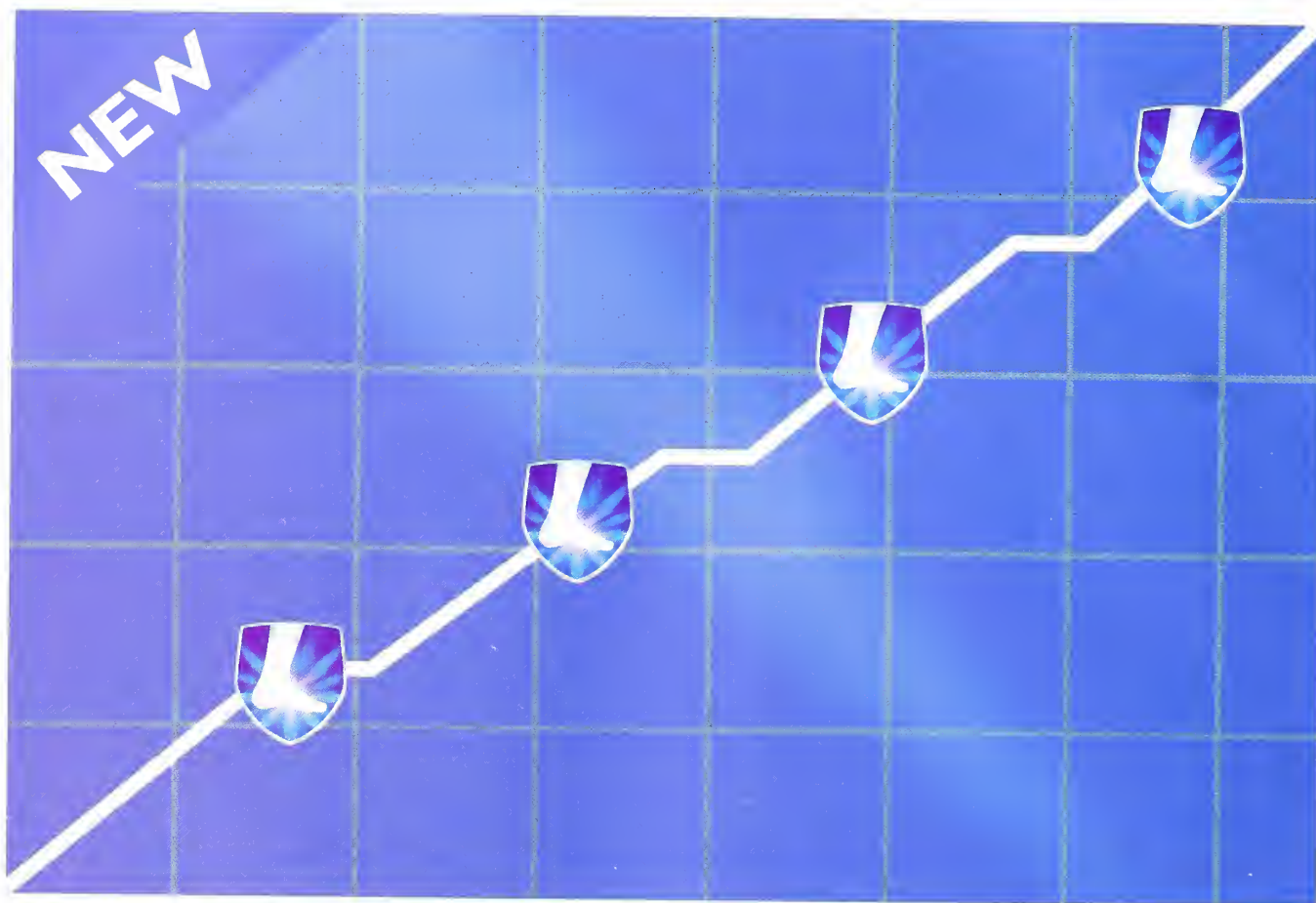
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